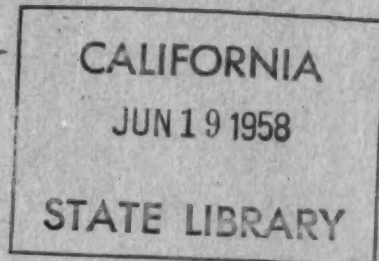


Rehabilitation Literature

June, 1958
Vol. XIX, No. 6



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REHABILITATION LITERATURE is compiled for use primarily by physicians, occupational, physical and speech and hearing therapists, nurses, welfare workers and administrators, school administrators and teachers of exceptional children, psychologists, vocational counselors and employment personnel, and for students entering these professions.

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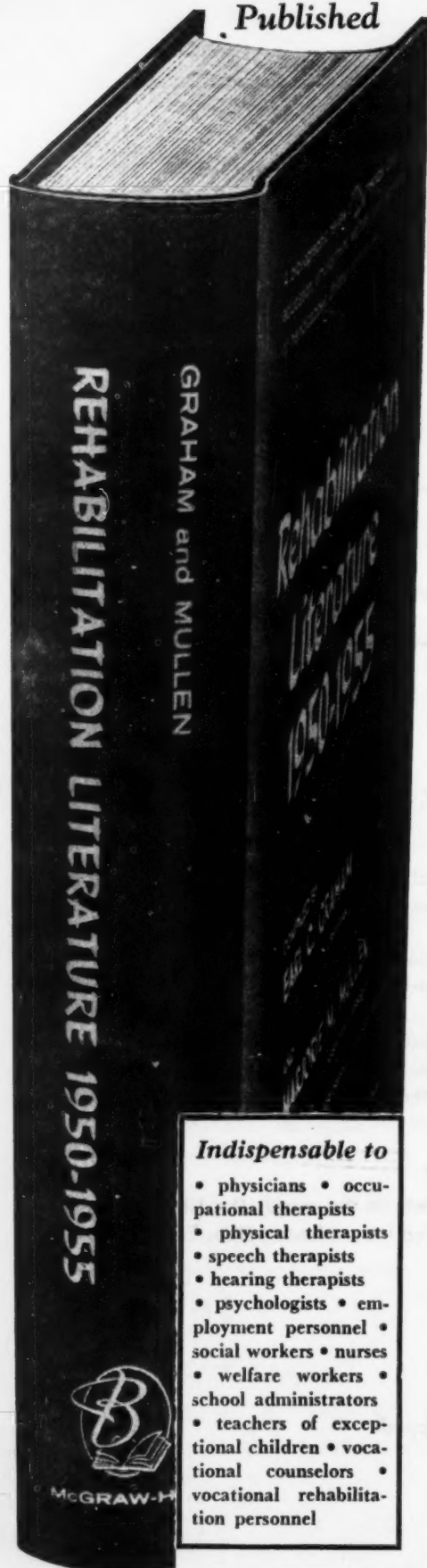
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The monthly issues of this abstracting bulletin serve as a supplement to the reference book Rehabilitation Literature 1950-1955, compiled by Graham and Mullen and published in 1956 by McGraw-Hill, New York.

New Addition to the Library's Periodical Collection

Prostheses, Braces and Technical Aids. English edition. Editor, P. Høeg Albrethsen, The Society and Home for Cripples in Denmark, 34 Esplanaden, Copenhagen, Denmark. Published by the Committee on Prostheses, Braces and Technical Aids of the International Society for the Welfare of Cripples with support from World Veterans Federation and the Society and Home for Cripples in Denmark. Also to be published in French, Spanish, and German editions, if interest warrants. No. 1, March 1958. Quarterly. Apply to the Editor.

* * * * *

AMPUTATION

584. Watkins, Arthur L. (Massachusetts Gen. Hosp., Charles St., Boston 14, Mass.)

Rehabilitation of persons with bilateral amputation of lower extremities, by Arthur L. Watkins and Sung J. Liao. J. Am. Med. Assn. Mar. 29, 1958. 166:13:1584-1586.

Reports results of a rehabilitation program for bilateral lower-extremity amputees admitted to the Bay State Medical Rehabilitation Clinic, Boston, over a 6 1/2 year period. End-results of treatment and training in 50 patients, mostly elderly, are discussed. After training programs, 70 per cent of the patients were considered rehabilitated, with 30 per cent becoming economically independent. An analysis is made of the effects of age, primary etiology, and site of amputation on the outcome of rehabilitation. Lack of motivation and the presence of severe medical complications were most often contributing factors in the failure of rehabilitation.

585. Western European Union

General principles concerning the rehabilitation of amputees, adopted by the Joint Committee for the Rehabilitation and Resettlement of the Disabled. London, The Union, 1957. (27) p. Mimeo.

Contains the general principles of care and management of amputees, recommended by the Working Party on Artificial Limbs set up by the Joint Committee on the Rehabilitation and Resettlement of the Disabled of the Western European Union. Chapters I and II discuss the parts played by the specialized services in amputee rehabilitation and the immediate post-operative care, both its mental and physical aspects. Rehabilitation techniques (stump exercises, walking training, and types of prostheses suitable) are discussed, as well, in the general information. The Appendixes describe in more detail the types of exercises used in limb training, surgical techniques of amputation, and briefly, the availability of appliances for a variety of activities. The publication is obtainable also in a French edition.

Available in the United States from the International Society for the Welfare of Cripples, 701 First Ave., New York 17, N. Y.

AMPUTATION--NEW YORK

586. Katz, Harry (Div. of Voc. Rehab., 200 Fourth Ave., New York, N.Y.)

The program for amputees in New York City of the New York State Division of Vocational Rehabilitation. Orthopedic & Prosthetic Appliance J. Mar., 1958. 12:1:31-33.

The program for amputees in New York City owes its success, the author believes, to the fact that it is a cooperative effort of the New York City Division of Vocational Rehabilitation, members of the Metropolitan Orthopedic Appliance and Limb Manufacturers Assn., and the amputee clinics of various hospitals and rehabilitation facilities, especially the Amputee Clinics of the Hospital for Special Surgery and St. Vincent's Hospital. The early history of the program, its administration, staffing and procedures employed, and the variety of services offered are discussed. Statistics are included in a supplement on amputees rehabilitated in the program during 1956 and types of occupation by type of amputation.

AMPUTATION--EQUIPMENT

587. Artificial Limbs. Autumn, 1957. 4:2.

Entire issue devoted to the subject.

"The hip-disarticulation prosthesis to which this issue of Artificial Limbs is devoted is the culmination of many years of practical work, later combined with present-day methods of organized research and the application of new materials.... Some thirty-two cases have been fitted to date, and twenty-five of these have been classified as successful...."

Contents: Canadian candidate, C. A. Bell. -The past and present medical significance of hip disarticulation, Henry E. Loon. -The evolution of the Canadian-type hip-disarticulation prosthesis, Colin A. McLaurin. -The biomechanics of the Canadian-type hip-disarticulation prosthesis, Charles W. Radcliffe. -Construction and fitting of the Canadian-type hip-disarticulation prosthesis, James Foort. -Some experience with the Canadian-type hip-disarticulation prosthesis, James Foort.

This issue is available from Prosthetics Research Board, National Academy of Sciences-National Research Council, 2101 Constitution Ave., Washington 25, D.C.

588. Michigan Crippled Children Commission. Area Amputee Program

Lower extremity prosthetic devices for children. Lansing, The Commission, c1958. 68 p. illus., tabs. Spiral binding.

Dr. Carleton Dean, Director of the Commission, gives a brief account of the growth of the Child Amputee Program under the Commission's guidance, its objectives, and the scope of the project, which, since 1955, has been aided by funds from the Federal Children's Bureau. Dr. Charles H. Frantz, now chairman of the Children's Prosthetic Committee of the Prosthetic Research Board, National Research Council, has written an article on the Amputee Training Center of Mary Free Bed Children's Hospital and Orthopedic Center, Grand Rapids, and on prosthetic devices for the lower-extremity child amputee. The remainder of the booklet is devoted to charts recording characteristics of child amputees with upper or lower-extremity amputations,

AMPUTATION--EQUIPMENT (continued)

on the state register as of June, 1957. An index of cases studied provides an analysis of prosthetic device services provided for 31 congenital and 78 traumatic cases of lower-extremity unilateral child amputees. Types of amputations and suitable prostheses are illustrated.

This report serves as a companion booklet to "Upper extremity prosthetic devices for children," issued by the Commission in 1957 (see Rehabilitation Literature, Oct., 1957, #1140).

Available from Michigan Crippled Children Commission, 252 Hollister Bldg., Lansing 4, Mich.

See also 667.

APHASIA

589. Katz, Leo (462 Beach 67th St., Arverne 92, N.Y.)

Learning in aphasic patients. J. Consulting Psych. Apr., 1958. 22:2: 143-146.

Reports results of a study investigating the relative effectiveness of goal-directed and incidental learning in aphasic patients. Previous observations of the performance of aphasics made by different investigators were the basis of a hypothesis tested, namely: that the normally more effective goal-directed learning is not significantly more effective than the incidental learning situation in aphasic patients. Results confirmed the hypothesis.

590. Wepman, Joseph M. (Speech Clinic, Univ. of Chicago, 950 E. 59th St., Chicago, Ill.)

Aphasia and the "whole person" concept. Am. Arch. Rehab. Therapy. Mar., 1958. 6:1:1-9.

A clarification of two terms commonly misused in professional vocabularies--the concept of the "whole person," and the meaning of the term "aphasia." Dr. Wepman believes that, too often, members of the rehabilitation team tend to view the patient from the standpoint of their particular medical or professional specialty. He urges relating to the person rather than to the defect and advises on ways the therapists can motivate the patient to become independent. Therapeutic speech methods for retraining the aphasic patient differ according to the differential diagnosis of aphasia, agnosia, or apraxia. He points out in detail how patients suffering from various types of language problems can be aided after correct diagnosis of the level of the defect.

See also 611.

ARCHITECTURE--BIBLIOGRAPHY

591. National Society for Crippled Children and Adults

A brief checklist of recent publications relating to architectural planning for the physically handicapped; comp. by the Library of the . . . Chicago, The Society, 1958. 5 p. (Architectural planning bul. 2, rev. May, 1958)

A brief checklist of books, pamphlets, periodical articles, and reprints pertaining to general architectural planning information, planning for rehabilitation facilities, private housing for the handicapped, and school buildings for exceptional children. All material listed is believed to be in print and available from the distributing agencies whose addresses are included in the bibliography.

ARCHITECTURE--BIBLIOGRAPHY (continued)

Available from the Library, Natl. Society for Crippled Children and Adults, 11 S. La Salle St., Chicago 3, Ill.

ARTHRITIS--MEDICAL TREATMENT

592. Glyn, J. H. (Middlesex Hosp., Mortimer St., London W. 1, Eng.)

Steroid therapy, by J. H. Glyn and D. R. L. Newton. Annals Phys. Med. Nov., 1957 & Feb., 1958. 4:4: & 5.. 2 pts..

Since the field of steroid therapy is so vast, the authors have restricted their review largely to publications appearing since the end of 1953. Written to aid the clinician in his daily practice in the department of physical medicine, the steroid preparations discussed are confined almost entirely to those given systemically and those given by intra-articular or local soft-tissue injection. Their use in rheumatoid arthritis and the principles upon which treatment is based are reviewed. However, the authors state that most of the principles set forth for treatment of rheumatoid arthritis are equally applicable to other diseases for which steroid therapy is indicated. Bibliography of over 150 references.

ARTHRITIS--PROGRAMS

593. Lemont-Havers, Ronald W. (Arthritis and Rheumatism Foundation, 10 Columbus Circle, New York 19, N. Y.)

Home care of the arthritic patient. J. Med. Soc. N. Jersey. Jan., 1958. 55:1:25-28. Reprint.

The author, Associate Medical Director of the Arthritis and Rheumatism Foundation, outlines the aims of and the personnel involved in a home treatment program for arthritic patients. Experience in the United States and Canada has proved the value of such a program which can be expanded or modified to fit the needs of the community. As recommended, the team should be composed of a physical therapist, occupational therapist, social worker, special nurses or attendants, a consultant when needed by the attending physician, and such ancillary services as a psychologist, dietician, etc., as needed. A well developed home treatment program enables the physician to provide adequate care for homebound patients who will not necessarily need continuous treatment or services. Frequent active care of a year or less will result in improvement to over half of these patients so that they will then require only minimum supervision.

AUDIOMETRIC TESTS

594. DiCarlo, Louis M. (805 S. Crouse Ave., Syracuse 10, N. Y.)

A comparative study of the efficiency of three group pure tone screening tests for public school children, by Louis M. DiCarlo and Eric F. Gardner. Exceptional Children. Apr., 1958. 24:8:351-359.

A report of findings of a study of screening tests used for the early detection of hearing impairment in elementary school children. An analysis of findings indicated that pure tone group screening testing is not only feasible but reliable and efficient, as well, when carried out under the conditions outlined here. The authors state that in terms of time, cost, and results, the combination of Johnston's pure tone group test for kindergarten and first grade and the group pulse tone for grades two and up appears to be most effective.

BLIND

See 636; 683.

BLIND--EMPLOYMENT

See 701; 702.

BLIND--SPECIAL EDUCATION

See 649.

BRACES

595. Machek, Otakar (Dept. of Orthopedics, St. Louis Univ. School of Med., St. Louis, Mo.)

Is elastic bracing contraindicated in spastics? Arch. Phys. Med. and Rehab. Apr., 1958. 39:4:245-246.

A report of a study of 84 patients who were fitted with both Klenzak and 90-degree stop braces, undertaken to determine whether only a 90-degree or fixed brace is indicated for a spastic ankle and whether elastic bracing will increase spasticity. Follow-up of patients varied from 6 months to 2 1/2 years; subjective and objective evaluation suggested no contraindication to elastic bracing in spastic conditions such as cerebral palsy, spasticity, and old spastic hemiplegia. This applies both to children and adults. An explanation of the phenomenon is based on the Weber-Fechner law for discrimination of sensory intensities, the lengthening reaction, and adaptation.

596. Snelson, Roy (Rancho Los Amigos Hospital, Downey, Calif.)

Recent advancements in functional arm bracing, correlated with orthopedic surgery, for the severely paralyzed upper extremity, by Roy Snelson and Jack Conry. Orthopedic & Prosthetic Appliance J. Mar., 1958. 12:1: 41-48.

In same issue: Addendum: Relationship of reconstructive surgery to functional bracing of the severely paralyzed upper extremity, by Vernon Nickel and Jacquelin Perry. p. 49.

In their work with patients at Rancho Los Amigos Respiratory Center for Poliomyelitis, the authors have gained increased knowledge of the usefulness, as well as the limitations, of functional arm bracing devices. Illustrated and described here are a variety of devices, their rationale, construction and fitting. Techniques would be of equal help in the treatment of such problems as quadriplegia, hemiplegia, the patient with obstetrical paralysis, or a brachial plexus injury. The article by Drs. Nickel and Perry recommends reconstructive surgery, no matter how severely paralyzed the patient is, if such operations will result in marked improvement in function through the use of more simplified bracing devices.

See also 667; 681; 706.

BRAIN

597. Bucy, Paul C. (250 E. Superior St., Chicago 11, Ill.)

Is there a pyramidal tract? Brain. 1957. 80:3:376-392. Reprint.

BRAIN (continued)

Dr. Bucy pointed out the evidence accumulated during the past 25 years which indicates that the concepts of the "pyramidal tract" and the "pyramidal syndrome" (spastic paralysis without atrophy, hyperactive tendon reflexes, absent abdominal reflexes and the sign of Babinski) are erroneous. He urges that these terms be dropped since holding to such concepts would impede progress in the understanding of the neural mechanism responsible for motor activity. Four case histories, together with cases from the literature, are presented to point out results obtained in the severing of the cerebral peduncle. This article was delivered as the Max Minor Peet Lecture at the University of Michigan in 1956.

598. Courville, Cyril B. (1720 New Jersey St., Los Angeles 33, Calif.)

The pathogenesis of nodular cortical atrophy; apparent mechanism of lesion commonly found in cerebral palsied individuals. Bul., Los Angeles Neurol. Soc. Sept., 1957. 22:3:120-130. Reprint.

As an aid to understanding of the pathogenesis of nodular or sclerotic cortical atrophy found in the brains of persons afflicted with cerebral palsy, Dr. Courville presents the case history of a woman with a record of previous heart attacks with loss of consciousness. Autopsy performed after her death from pulmonary embolism following injuries in an automobile collision revealed a localized ischemic lesion of the right cerebral hemisphere, evidently due to an arterial occlusion occurring many months before. The author calls attention to the similarity of the residual alterations in this case to nodular or sclerotic cortical atrophy constituting the essential lesion in lobar sclerosis of childhood (ulegyria). He concludes that, while the immediate cause of the lesion is ischemia, cerebral anoxia is one of the ultimate and exciting causes of the disturbance in the regional arterial circulation.

See also 688.

BRAIN INJURIES--DIAGNOSIS

See 680.

BRAIN INJURIES--ETIOLOGY

599. Blattner, Russel J. (1200 M. D. Anderson Blvd., Houston 25, Texas)

Congenital damage to the central nervous system as a result of intra-uterine infection. J. Pediatrics. May, 1958. 52:5:620-626.

From a review of current literature Dr. Blattner has gathered information on incidences of fetal infection in infants which result in central nervous system damage; toxoplasmosis and some infections of viral etiology have been prominent in reports. Bibliography.

BRAIN INJURIES--PSYCHOLOGICAL TESTS

600. Ross, Alan O. (Clifford W. Beers Guidance Clinic, 432 Temple St., New Haven, Conn.)

Brain injury and intellectual performance. J. Consulting Psych. Apr., 1958. 22:2:151-152.

BRAIN INJURIES--PSYCHOLOGICAL TESTS (continued)

Because results of previous studies have been contradictory in regard to the effect of brain injury on intelligence, the author, during the course of a study of the effect of brain injury on tactual perception, also gathered data relevant to intelligence test performance. While not conclusive, the data indicated that brain injury may have a deleterious effect on the ability measured by such tests. Subjects were 20 patients from the Armed Services who had undergone brain surgery within 12 months before date of the study. When the patients' preinjury scores were matched with those of normal subjects, their postinjury scores were significantly lower when tested within 12 months after brain surgery.

CEREBRAL PALSY

601. Perlstein, Meyer A. (4743 N. Drake Ave., Chicago 25, Ill.)

The medical aspects of cerebral palsy. J. S. Carolina Med. Assn. July, 1957. 53:7:252-256. Reprint.

In this speech delivered at the annual meeting of the South Carolina Medical Association in 1956, Dr. Perlstein clears up some confusion existing in regard to the causes, classifications, and clinical signs and symptoms of the various types of involvement coming under the head of cerebral palsy. The general practitioner, for whom this is written, will find this well-organized article helpful.

See also 621.

CEREBRAL PALSY--GREAT BRITAIN

602. Ellis, E. (Percy Hedley School for Spastic Children, Newcastle-upon-Tyne, England)

Responsibilities in cerebral palsy; individuals, society, and voluntary agencies. Lancet. Apr. 12, 1958. 7024:784-786.

The author, Medical Director of the Percy Hedley School in England, offers his observations after 5 years' experience in work with cerebral palsied children. He discusses the role of parents in the management of the child, the doctor's responsibility in helping parents accept the full significance of the diagnosis, and the therapists' duties in stimulating the child's motor and sensory development. Society as a whole must aid in meeting the social and educational needs of the cerebral palsied. (The author gives data on educational provisions for cerebral palsied children in the north of England where the Percy Hedley School is located.)

Functions of parents' associations and voluntary societies are discussed also. Suggestions are made for meeting needs of these children in Great Britain.

CEREBRAL PALSY--NEW YORK

603. United Cerebral Palsy Associations of New York State

New York State law pertaining to the handicapped; revised by Edw. F. Kilbane. New York, The Assns., 1957. 39 p.

A compilation of important legislation in the State of New York regarding those sections relating to the care and treatment, education, employment, and other forms of state aid for the handicapped. First issued in 1946, it was revised in 1950 and in 1953; changes in legislation since 1953

CEREBRAL PALSY--NEW YORK (continued)

are reported in the current issue. Short summaries preceding each section of the law, together with footnotes construing the phraseology used, add to the usefulness of the booklet. Indexed.

Available from United Cerebral Palsy Associations of New York State, 220 W. 42nd St., New York, N.Y., at 25¢ a copy.

CEREBRAL PALSY--DIAGNOSIS

604. Centerwall, Willard R. (Coll. of Med. Evangelists, 1720 Brooklyn Ave., Los Angeles 33, Calif.)

Ataxia, telangiectasia, and sinopulmonary infections, by Willard R. Centerwall and Melba M. Miller. A.M.A. J. Diseases of Children. Apr., 1958. 95:4:385-396.

Presents two case histories, including one autopsy, of children with a similar and unusual course of disease that appears to be a syndrome, the major features of which are slowly progressive ataxia, progressive symmetrical scleral-cutaneous telangiectasia, and increasing and recurrent lung infections. A third case, originally described in the Swiss literature in 1941, is believed by the authors to be the first description of the syndrome in medical literature. Onset of ataxia and telangiectasia is in late infancy; onset of chronic progressive lung disease is apparent at school age. An interesting fact is that nine such cases have been reported from Southern California; the author suggests this is evidence that the syndrome is an heredofamilial disorder, transmission of which is probably by means of a simple autosomal recessive gene.

See also 598.

CEREBRAL PALSY--EQUIPMENT

See 596; 691.

CEREBRAL PALSY--FICTION

See 707.

CEREBRAL PALSY--LEGISLATION

605. United Cerebral Palsy Associations (369 Lexington Ave., New York 17, N.Y.)

Every state aids the cerebral palsied; (thru' laws and departmental regulations.) New York, The Assns, c1957. 1 p. chart.

A most useful and handy reference tool for those in rehabilitation programs, special education, and all areas concerned with the welfare of the handicapped, this display chart (measuring approximately 20 x 22 inches) contains state-by-state information on legal provisions for special education and transportation, vocational rehabilitation services (rehabilitation centers and workshops provided in some cases), state aid to parents of the handicapped, aid to disabled adults needing medical and allied rehabilitation services, and institutional or residential care of the physically and mentally handicapped. Also lists legislative study groups in some states which are attempting to provide better services. Yearly revisions of the chart are planned to conform with new laws and amendments passed in the states.

In addition to the chart, briefs of individual state laws are available from United Cerebral Palsy Assns., 369 Lexington Ave., New York 17, N.Y.

CEREBRAL PALSY--LEGISLATION (continued)

See also 603.

CEREBRAL PALSY--MEDICAL TREATMENT

606. Charash, Leon I. (535 E. 70th St., New York 21, N.Y.)

Experiences with meprobamate in cerebral palsy, by Leon I. Charash and William Cooper. Pediatrics. Apr., 1958. 21:4:605-608.

A report of a clinical trial of meprobamate, better known as Equinal or Miltown, in the treatment of cerebral palsy in a group of patients from the Cerebral Palsy Clinic at the Hospital for Special Surgery, New York City. Patients were those 4 years or older, the majority being in the athetoid category. Others in the sample had spastic quadriplegia, spastic hemiplegia, ataxia and rigidity. Of the 40 patients chosen, 11 gave evidence of definite deterioration in clinical status while receiving the medication; in all cases, deterioration proved reversible after discontinuation of the drug. In 12 patients there was no change in clinical status even when medication was continued for two months or longer to the point of inducing drowsiness. Initial improvement, experienced by 17 patients, was sustained by only 4 patients and was purely subjective. In no case was there any permanent objective evidence of improvement. Prominent withdrawal symptoms developed in 14 patients when medication was abruptly discontinued. Gradual withdrawal of the drug over a period of 2 to 3 days did not result in such symptoms.

CEREBRAL PALSY--PARENT EDUCATION

607. Cerebral Palsy Center, Bergen County (N.J.)

The family and the handicapped child; a report of the Institute for Professional Workers, held at... October 16, 1957. Ridgewood, N.J., The Center (1958). 16 p.

A summary of the Workshop discussions prepared by Dr. Harry V. Bice and intended for parents, it covers briefly such subjects as the medical and educational needs of the cerebral palsied child, various services necessary for total treatment, what parents may expect from the many disciplines represented in the treatment program, and what they can do to aid their disabled children.

Available from The Cerebral Palsy Center, 241 N. Van Dien Ave., Ridgewood, N.J.

CEREBRAL PALSY--PREVENTION

608. Boelsche, Arr Nell (Dept. of Pediatrics, Univ. of Texas Medical Branch, Galveston, Texas)

Factors in the prevention of cerebral palsy, by Arr Nell Boelsche, Arild E. Hansen, and Robertine St. James. South. Med. J. Oct., 1957. 50:10:1294-1300. Reprint.

Presents data from a review of prenatal, natal, and postnatal information obtained from application forms submitted by parents of 250 cerebral palsied children admitted to the Moody State School for Cerebral Palsied Children, Galveston. Primary and secondary factors most likely to have contributed to brain damage are discussed. Each category of abnormality has been analyzed in relation to the type of cerebral palsy. Several approaches to prevention of cerebral palsy are suggested. An abstract of Dr. George Anderson's discussion, following delivery of the paper at the Southern Medical Association's annual meeting in 1956, is included.

CEREBRAL PALSY--SPECIAL EDUCATION

609. Fenton, Joseph (Bur. for Handicapped Children, Div. of Pupil Personnel Services, State Education Dept., Albany 1, N. Y.)
Guideposts for helping parent associations develop programs of education for children with cerebral palsy. Exceptional Children. Apr., 1958. 24:8:361-364, 369-370.

The author believes the time is ripe for reevaluation of cerebral palsy programs, with more emphasis on the educational approach to the problems of this group. Parent groups can now turn their energies toward promoting the ideal educational program, preferably in the public school setting and providing comprehensive services. Educational objectives for the cerebral palsied child, advantages of an integrated program in the public schools, qualifications for teachers of cerebral palsied children, and the ideal school curriculum are discussed. The scheme should also provide parent education and promote community acceptance of the handicapped child. Such a program as the author outlines presents a challenge to parent associations.

610. Lubran, A. (Irton Hall School, Holmrock, Cumberland, England)
Further aspects in the education of the cerebral palsied child. Special Schools J. Mar., 1958. 47:2:15-20.

The fourth of a series of articles on the care and education of cerebral palsied children, as well as experiences in a residential school in England. This current article discusses, particularly, the speech and language aspects of special training for the cerebral palsied. The first of the series appeared in the May, 1957 issue of Special Schools J., 46:3:15-17 and was annotated in Rehabilitation Literature, Aug., 1957, #949. The second and third articles (appearing in the Journal in Nov., 1957 (46:5:23-29) and Jan., 1958 (47:1:11-17) dealt with remedial techniques for functional movements developed through physical education and habit training and with physical therapy techniques and their importance in the over-all training of the child.

CEREBRAL PALSY--SPEECH CORRECTION

611. Feallock, Barbara (Illinois Children's Hospital-School, 2551 N. Clark St., Chicago 14, Ill.)
Communication for the non-verbal individual. Am. J. Occupational Ther. Mar.-Apr., 1958. 12:2 (Pt. I):60-63, 83.

The occupational therapy department of the Illinois Children's Hospital-School has, for a number of years, worked closely with the speech, education, and psychology services in an effort to deal with communication problems of severely handicapped cerebral palsied children who cannot write or use the sign language. Methods of determining to what extent an individual may be able to make use of a communication aid are discussed, as well as various types of aids and their usefulness. Factors that need to be considered in anticipating the use of such devices are evaluated. Experience with 32 children between the ages of 4 and 18 was reviewed; all had normal hearing except two who were deaf. The majority were confined to wheelchairs and all had some difficulty with coordination of the upper extremities. Intelligence ranged from retarded to bright average, but most were so severely involved they had not been able to profit from speech therapy.

CEREBRAL PALSY--STUDY UNITS AND COURSES

612. Abbott, Marguerite

Compendio de tecnicas para el tratamiento de la paralisis cerebral. New York, Internatl. Soc. for the Welfare of Cripples, 1958. 39 p. Paperbound.

Spanish translation of: A syllabus of cerebral palsy treatment techniques. Dubuque, Iowa, Wm. C. Brown, Publ., c1957. (54) p.

Another of the International Society for the Welfare of Cripples' translations of important publications in the field of rehabilitation. Concepts of treatment procedures utilized by cerebral palsy specialists are presented for the instruction of students, physicians, graduate therapists, and teachers. The 1957 edition of the book substantially reprints material contained in the mimeographed manual issued in 1953 (see annotation in Rehabilitation Literature, Mar., 1958, #338).

Available from Internatl. Society for the Welfare of Cripples, 700 First Ave., New York 17, N. Y., at \$1.00 a copy.

CHILD GUIDANCE--NEW JERSEY

613. David, Henry P. (135 W. Hanover St., Trenton 25, N.J.)

Emotionally disturbed children; some New Jersey perspectives. Welfare Reporter, N.J. State Dept. of Institutions and Agencies. Apr., 1958. 9:2:60-66.

As elsewhere in the United States, facilities for service to emotionally disturbed children are limited and unable to provide for all those requesting professional aid in New Jersey. Special classes are not the adequate solution for the schools' mental health problems. Steps are being taken by public authorities and legislative means to promote various types of programs for handling this group of children, either in the community or in residential facilities.

CHILDREN'S HOSPITALS

614. Murstein, Bernard I. (Dept. of Psychology, Louisiana State Univ., Baton Rouge, La.)

Attitudes of parents of hospitalized children toward doctors, nurses, and husbands; the construction of three scales. J. Clin. Psychology. Apr., 1958. 14:2:184-186. Reprint.

While working as a post-doctoral Fellow of the Hogg Foundation for Mental Health at the University of Texas M. D. Anderson Hospital and Tumor Research Institute, the author investigated attitudes of parents toward doctors and nurses and attitudes of mothers toward the father when the mother stayed at the hospital during a severe or terminal illness of the child. It was felt that if such attitudes could be recognized before hospitalization of the child, various emotional problems could be anticipated and alleviated at an early stage. Many items included in the scales were suggested by a check-list supplied by Dr. Beatrix A. Cobb who had previously made a study of the impact of long illness and death of a child on the family (for annotated listing, see Rehabilitation Literature, Jan., 1957, #113). Dr. Cobb's list was drawn up after patients suffering from neoplastic disease each checked five things which they liked or disliked about the physicians treating them.

CHRONIC DISEASE--PROGRAMS

615. Littauer, David (216 S. Kingshighway Blvd., St. Louis 10, Mo.)

Annual administrative reviews; chronic illness. Hospitals. Apr. 16, 1958. 32:8:38-40.

From statistics based on findings of the Commission on Chronic Illness and recommendations from Volume II of the Commission's report, some new problems to be considered by hospital administrators in the care of the long-term patient are pointed out. Nursing home facilities and home care, physical facilities, and personnel available for long-term care of chronic patients are discussed briefly. The functions of the American Hospital Association's Committee on Chronic Illness and its stand on the Forand bill are explained. A bibliography refers to current literature on the subjects discussed briefly here.

CHRONIC DISEASE--SURVEYS

See 652.

CLEFT PALATE

616. Morimitsu, K. Jack (Eastman Dental Dispensary, Rochester, N. Y.)

A review of prosthetic therapy of the cleft palate patient. Cleft Palate Bul. Mar., 1958. 8:2:7-10.

A review of the historical background of oral prostheses and their use in the treatment of acquired and congenital defects of the palate. Recent concepts of treatment, including surgery, the use of prostheses, and speech therapy are discussed in relation to total rehabilitation of the cleft palate patient.

See also 695.

CLINICS (ITINERANT)

617. Davis, Kieffer (411 S. Keeler Ave., Bartlesville, Okla.)

Early diagnosis of disease at the place of work. J. Mich. State Med. Soc. Mar., 1958. 57:3:370-375, 380.

Describes services of a mobile medical unit, set up by the Medical Department of the Phillips Petroleum Co. for the purpose of providing periodic examinations for employees working in areas where this type of medical service was not available. Physical layout of the bus-type clinic is discussed and illustrated, and administration of the program outlined. Its value as a case finding program has been attested by its success; the resulting early definitive care, based on findings, has prevented more serious trouble and helped to maintain good health.

CLOTHING

618. Ward, Moira M. (Eastern N. Y. Orthopaedic Hospital-School, 124 Rosa Rd., Schenectady, N. Y.)

Self-help fashions for the physically disabled child. Am. J. Nursing. Apr., 1958. 58:4:526-527.

Points out how minor alterations in ready-to-wear clothing may aid the physically disabled child to become independent in dressing himself. The physically handicapped child or adolescent has the same need to wear the type of clothing that others his age wear. With ingenuity in planning adaptations to suit the particular type of disability, he can satisfy this

CLOTHING (continued)

emotional need. Miss Ward was assisted by Mary Eleanor Brown, a physical therapist, and Mary Easton van der Bogart and Evelyn Hall, occupational therapists, in developing the self-help clothes project. Miss Brown's article about the project appeared in Cerebral Palsy Rev., Sept., 1951.

CLUBFOOT

619. Heyman, Clarence H. (2676 Berkshire Rd., Cleveland Heights 6, Ohio)

Mobilization of the tarsometatarsal and intermetatarsal joints for the correction of resistant adduction of the fore part of the foot in congenital club-foot or congenital metatarsus varus, by Clarence H. Heyman, Charles H. Herndon, and Joseph M. Strong. J. Bone and Joint Surg. Apr., 1958. 40-A:2:299-310.

Presents a simple technique for correcting persistent adduction deformity of the fore part of the foot in the treatment of congenital club-foot and of resistant cases of the deformity commonly known as congenital metatarsus varus. In children over 3 years of age, repeated manipulations or wedging of plaster casts are not only ineffective, but also produce still more fibrosis and joint stiffness. Complete section of the resistant joint capsule, ligaments, or other fibrous-tissue bands which resist correction has been found more effective, causing less trauma. The procedure is described and results discussed. Dr. David S. Grice, in his discussion following the article, points out that the authors do not propose the procedure be used indiscriminately. It is reserved for use with patients over 3 years of age who have been under treatment with plaster casts and exercise but have residual deformity. It is also not recommended for older patients in whom the severe deformity involves the contour of the metatarsal shafts. A short discussion by Dr. Joseph Hiram Kite is also included.

DEAF

See 716.

DEAF--DIRECTORIES

620. Am. Annals of the Deaf. Jan., 1958. 103:1.

Annual directory issue.

The annual listing of American instructors of the deaf, American schools for the deaf (public residential; public day schools and classes; denominational and private schools and classes, residential schools, and day centers; schools and classes for the multiple handicapped; schools and classes in Canada, Australia, and New Zealand). Also lists state services in speech and hearing and voluntary state societies of the National Society for Crippled Children and Adults having a speech and hearing program. Publications in the field are reviewed and graduate studies listed. Other information covers vocational education opportunities in the U. S. and Canada, institutions offering teacher training, and clinics offering speech and hearing services. Statistical data give a wealth of information on pupils enrolled, teachers and their training, financial support of schools, and types of services.

This issue is available from American Annals of the Deaf, Gallaudet College, Washington 2, D.C., at \$2.00 a copy.

DENTAL SERVICE

621. Adelson, Jerry J.

Erroneous concepts in the dental treatment of children with cerebral palsy. J. Dentistry for Children. 1957. 24:(4th quarter):247-249. Reprint.

The author warns against hasty acceptance of drugs advocated for their muscle relaxing and tranquilizing effects in the dental treatment of cerebral palsied children who present difficulties during treatment. He urges the dental profession to promote scientific research to determine actual value of these drugs and to evaluate their serious side-effects and toxicity. Thorough analysis of the medical, psychological, educational, and family background of the child is necessary before the dentist decides on procedures to be used in treatment.

Reprints of this article may be obtained from the Dental Guidance Council for Cerebral Palsy, 70 Fifth Ave., New York 11, N. Y.

DISEASE--STATISTICS--GREAT BRITAIN

622. Great Britain. General Register Office

The survey of sickness, 1943 to 1952, by W. P. D. Logan and Eileen M. Brooks. London, H. M. Stationery Off., 1957. 80 p. tabs., diag. (Studies on medical and population subjects, no. 12)

This report of the methods and results of the monthly sample Survey of Sickness, carried out in England and Wales during the last year and a half of World War II and during the 7 years that followed, describes the background, aims and methods of the Survey and, in addition, includes some of the principal statistical findings. An attempt is made to evaluate the Survey's contribution, actual and potential, to morbidity statistics in Great Britain. For a most interesting discussion of the Survey and its development by a physician who was well conversant with its history and methods, see "The Survey of Sickness 1943-52; was our Survey really necessary?" by Stephen Taylor, in Lancet, Mar. 8, 1958. 7019:521-523.

Distributed in the U. S. by British Information Services, 45 Rockefeller Plaza, New York 20, N. Y., at 77¢ a copy.

DRUG THERAPY

See 592; 606; 628; 645; 692.

EDUCATION--GREAT BRITAIN

623. Great Britain. Ministry of Education

Education in 1956; being the report of the... and the statistics of public education for England and Wales. London, H. M. Stationery Off., 1957. 189 p. tabs. (Cmnd. 223)

The annual report of developments in education in Great Britain during 1956, Part II of which presents statistics on public education for England and Wales during the 1955-56 school year. Chapters cover primary and secondary school education, special services (schools and special educational treatment of the handicapped, p. 19-22, and Tables no. 38-44 in Part II), advanced education, recruitment and training of teachers, building

EDUCATION--GREAT BRITAIN (continued)

facilities, university awards and scholarships, education in Wales, information services and exchange teaching relationships, and legislation.

Available in the U.S. from British Information Services, 45 Rockefeller Plaza, New York 20, N. Y., at \$1.61 a copy, including postage.

EDUCATION--LEGISLATION

See 708.

ELECTROENCEPHALOGRAPHY

624. Busse, Ewald W. (Duke Univ. Med. Center, Durham, N. C.)

The use of the electroencephalogram in diagnosing speech disorders in children, by Ewald W. Busse and Ruth M. Clark. Folia Phoniatica. 1957. 9:3:182-187. Reprint.

In an attempt to investigate the neurologic theory of stuttering and the etiology of other speech disorders, an electroencephalographic examination of 70 children in attendance at the University of Denver Children's Speech Clinic was made in addition to other diagnostic procedures. Findings indicated that in the heterogenous group of speech disorders the electroencephalogram may present evidence of a physiologic disturbance within the central nervous system when both the psychologic findings and neurologic examinations are within normal limits. In the case of stuttering children the electroencephalographic, neurologic, and psychologic examinations reveal comparatively little evidence of organic pathology. The possibility of a predisposing factor in stuttering cannot be substantiated by the present study. However, use of the electroencephalogram is considered highly important in the diagnostic study of speech disorders in children.

See also 680.

EMPLOYMENT--GREAT BRITAIN

625. Great Britain. Ministry of Labour and National Service

Annual report of the...for 1956. London, H. M. Stationery Off., 1957. 161 p. illus., graphs, tabs. (Cmd. 242)

The annual review of labor conditions in Great Britain reflecting changing trends in manpower supply and demand, various services of the Ministry of Labour and National Service, current aspects of industrial relations, and legal action concerned with labor disputes and industrial health and safety. A brief review of the international labor situation is included for 1956. Chapter 9, "Resettlement of disabled persons," discusses comprehensive services provided to aid the handicapped in securing employment.

Available from British Information Services, 45 Rockefeller Plaza, New York 20, N. Y., at \$1.16 a copy, postage included.

See also 675.

EPILEPSY

626. Cohen, Lord of Birkenhead (Univ. of Liverpool, Liverpool, England)

Epilepsy as a social problem. Brit. Med. J. Mar. 22, 1958. 5072: 672-675.

EPILEPSY (continued)

In same issue: Modern views on the classification of epilepsy, Denis Williams, p. 661. - Value of the E.E.G. in diagnosis of epilepsy, Denis Hill, p. 663. - Medical treatment in epilepsy, H. Houston Merritt, p. 666. - Pitfalls and success in surgical treatment of focal epilepsy, Wilder Penfield, p. 669.

Five papers presented in a symposium to the Section of Neurology at the annual meeting of the British Medical Association in 1957. Lord Cohen's discussion of the educational and employment problems of the epileptic in Great Britain covers, as well, such topics as epilepsy and marriage, the licensing of epileptics to drive a car, and National Health Service provisions in regard to epileptics. The remaining articles discuss the medical classification of the disease, use of clinical electroencephalography in the diagnosis of epilepsy, drugs used in treatment, and complications arising with surgery for temporal-lobe epilepsy.

EPILEPSY--NEW JERSEY

627. Goodman, Michael (35 Manor Dr., Apt. 2H, Newark 6, N.J.)

Serving the needs of the epileptic in New Jersey. Welfare Reporter, N. J. State Dept. of Institutions and Agencies. Apr., 1958. 9:2:76-83.

The New Jersey Consultation Service for Convulsive Disorders became an integral part of the New Jersey Neuropsychiatric Institute at Princeton in 1957, bringing the Consultation Service program under the administration of the State Dept. of Institutions and Agencies. The author briefly reviews the need for an epilepsy program in New Jersey, the purposes and objectives of the Service, how it was organized, its accomplishments to date, and its plans for the future.

EPILEPSY--MEDICAL TREATMENT

628. Perlstein, Meyer A. (4743 N. Drake Ave., Chicago 25, Ill.)

The drug therapy of epilepsy; with special reference to newer drugs. Pediatric Clinics N. Am. Nov., 1957. p. 1079-1092. Reprint.

An article from the Symposium on Brain Damage in Children, which appeared in the Nov., 1957 issue of Pediatric Clinics of North America together with the Symposium on Pediatric Endocrinology (for listing of contents of issue, see Rehabilitation Literature, Jan., 1958, #137). Dr. Perlstein gives a general classification of the various types of epilepsy, discusses general principles of drug therapy in the disease, and charts individual drugs and their efficacy according to type of seizure. He recommends that when single drugs are ineffective, combinations of drugs should be tried. Toxic potentialities and occurrence of side effects in anticonvulsant drugs are noted. Control of hygienic and psychiatric factors is also an important adjunct of therapy.

EPILEPSY--PSYCHOLOGICAL TESTS

629. Graham, Leo R. (1771 Glendon Ave., Los Angeles 24, Calif.)

Personality factors and epileptic seizures. J. Clin. Psychology. Apr., 1958. 14:2:187-188.

EPILEPSY--PSYCHOLOGICAL TESTS (continued)

A report of a study to identify and measure some dimensions of personality which might be related to frequency of seizures in a group of epileptic patients. Only the Mf and Pt scales of the Minnesota Multiphasic Personality Inventory revealed a statistically significant difference between high-and low-frequency seizure groups. Results indicated that defensiveness, hostility, anxiety, or low tolerance for anxiety are not significantly related to seizure frequency. The most important aspect of personality relative to seizure frequency was found to be self-discipline or intellectual control.

EXERCISE

See 647.

GIFTED CHILDREN

See 631; 709.

GIFTED CHILDREN--PARENT EDUCATION

630. Strang, Ruth (Box 160, Teachers College, Columbia Univ., New York, N. Y.)

Counseling parents of gifted children. Minn. Med. Sept., 1957. 40:9:650-651. Reprint.

Four main responsibilities of the counselor, where gifted children are concerned, are their identification, counseling with students and parents, the suggestion of changes in school policies and environment to meet the needs of gifted students, and the use of community resources for the best development of the gifted. In their work with, and through, teachers, counselors can aid in identifying the gifted, as well as offer help in understanding them. The gifted child must be helped to understand himself and to develop a sense of social responsibility. Dr. Strang lists various parents' attitudes toward their gifted children and shows how the counselor can help to overcome negative attitudes.

GUIDANCE

631. Cantoni, Louis J. (Dept. of Spec. Educ. and Voc. Rehab., Wayne State Univ., Detroit 2, Mich.)

Personal problems of a science student. School Science and Mathematics. Mar., 1958. 58:217-222. Reprint.

The counseling record of a gifted twelfth grade student, narrated in dialogue form, which tells of his poor social adjustment and failure in academic work. His problems were of great concern not only to his parents and teachers but also to himself. The counselor had a total of 4 interviews with the boy who was not seen again for 7 years and then only in a chance meeting. The counselor was able to write a successful ending to this particular record.

HARD OF HEARING

632. American Hearing Society (1800 H St., N. W., Washington 6, D. C.)

Hearing loss; a community loss. Washington, D. C., The Society, c1958. 145 p. illus., diag.

HARD OF HEARING (continued)

Published by the Society with the aid of a grant from the U. S. Office of Vocational Rehabilitation, this guide for the establishment of hearing health programs and for rehabilitation of the deaf and hard of hearing contains articles by authorities in the field of community organization, otology, audiology, education, social work, psychology, and vocational counseling. Part I discusses the hearing handicapped in general, difficulties which they face, and how the community can aid in restoring them to a productive life. Part II offers a framework upon which professional workers and lay leaders within the community can provide rehabilitation services based on existing facilities. Part III considers varied aspects of hearing conservation and prevention of deafness, with the essential services necessary for total rehabilitation of the hard of hearing. Additional information of a more technical nature is included in the appendix, discussing psychological and audiological techniques for testing purposes, listing manufacturers of facilities and equipment, and giving a vocabulary of terms used in the guide-book, as well as a selected list of additional references.

HEART DISEASE

See 673; 705.

HEMIPLEGIA

633. New York. Department of Health

Management of the patient with hemiplegia; a manual for those responsible for the care of hemiplegic patients. Albany, The Dept., c1957. 31 p. illus.

Describes briefly the etiology and pathogenesis of hemiplegia, factors affecting prognosis, and management of the patient in the acute phase immediately following the cerebral vascular accident, as well as the management of residual defects. Rehabilitation techniques to correct residual deformities, to retrain the patient in walking, to retrain the affected upper extremity to its maximum degree of usefulness, and to teach essential activities of daily living are explained, with text and illustrations. Self-help devices are pictured and their use described. Other special problems arising from hemiplegia are mentioned briefly--speech difficulties, incontinence, paralysis of the face, and vocational adjustment. A short list of selected readings is included.

Available from New York State Dept. of Health, 84 Holland Ave., Albany 8, N. Y.

HEMIPLEGIA--MEDICAL TREATMENT

634. Peszczynski, Mieczyslaw (Highland View Cuyahoga Co. Hosp., Harvard Rd., Cleveland 22, Ohio)

The fractured hip in hemiplegic patients. Geriatrics. Dec., 1957. 12:12:687-690. Reprint.

In this series of 28 hemiplegic patients with fractured hips admitted to Highland View Hospital for rehabilitation, it was noted that the fracture always occurred on the hemiplegic side. Etiologic factors responsible for this occurrence are considered and rehabilitation techniques employed in the management of these patients are discussed, as well as those used in patients with nonunion of the fractured hip.

HOME ECONOMICS

635. Lind, Amy (Univ. of N. Dakota, Grand Forks, N.D.)

Techniques for homemaking for the disabled. Canad. J. Occupational Ther. Mar., 1958. 25:1:23-27.

A brief discussion of some topics presented in a workshop on "Techniques of Homemaking for the Disabled," sponsored by the U.S. Office of Vocational Rehabilitation and Colorado State University at the School of Occupational Therapy, Ft. Collins, Colorado in 1957. More research on housing needs of the disabled was urged; work simplification techniques and techniques for those with limited exertion are outlined. Special adaptations recommended for the blind homemaker are mentioned. Socially determined goals of the handicapped homemaker, which she strives to attain through rehabilitation, are listed.

636. Readaptation. Mar., 1958. No. 48

Partial contents: La readaptation a la vie menagere de la femme infirme en Suede, Gerda Apelquist, p. 4-9. -Conseils menagers a l'intention des femmes infirmes, C. Forestier, p. 10-12. -La readaptation des femmes aveugles a la vie domestique, Marthe Henri, p. 13-18.

Several articles dealing with the rehabilitation of disabled and blind housewives, various adaptations in household aids, and floor plans of houses or apartments which will facilitate housekeeping. Text is in French and articles are illustrated.

This issue is available from Readaptation, 10, rue de Sevres, Paris 7, France, at 215 francs a copy.

HOMEBOUND--EMPLOYMENT

637. Bastable, Ann Dwyer (920 S. Hobart Blvd., Los Angeles, Calif.)

A study of the homebound to indicate the prevocational role of occupational therapy. Am. J. Occupational Ther. Mar.-Apr., 1958. 12:2 (Pt. II):93-99, 120.

Abstract of a thesis for the M. A. degree, University of Southern California.

Employment problems of the severely handicapped person in the home and possible contributions to their vocational rehabilitation which the occupational therapist could make during the hospitalization, out-patient, or homebound phases of treatment were explored. Twelve persons, homebound but undergoing vocational rehabilitation, were chosen as subjects of this study; 6 were designated as responding successfully to vocational training and 6 as unsuccessful. Data on the evaluation of homeworking conditions, extent of handicap, and psychological factors are given. Also described are types of occupations used in the training program. Analyses of sample case histories from both groups are included. Implications of the findings for occupational therapy and work orientation are discussed.

HOSPITALS

See 659; 672; 677.

LEG

638. Sofield, Harold A. (715 Lake St., Oak Park, Ill.)

Leg-lengthening; a personal follow-up of forty patients some twenty years after the operation, by Harold A. Sofield, Sidney J. Blair, and Edward A. Millar. J. Bone and Joint Surg. Apr., 1958. 40-A:2:311-322.

Reports findings and an analysis of a long-term follow-up study of 40 leg-lengthening operation results. Conclusions were that these operations are seldom justified. The disadvantages and undesirable complications, as well as beneficial results, are considered. Criteria to be evaluated before the decision to operate is made are listed. Prevention, rather than correction, of leg length inequality is seen as the most desirable goal. Increased length is not synonymous with improved function. Includes discussions by Drs. George O. Eaton, C. H. Crego, Jr., and Garry de N. Hough.

MENTAL DEFECTIVES

639. Wilson, James L. (University Hospital, Univ. of Michigan, Ann Arbor, Mich.)

The role of the physician in the care of the mentally retarded. J. Mich. State Med. Soc. Mar., 1958. 57:3:361-363.

In same issue: The effect of antimetabolites on embryonic development, Jacques S. Gottlieb, Charles E. Frohman, and Joan M. Havlena. p. 364-366.

Papers presented at the Symposium for the Prevention, Education, and Care of the Mentally Retarded, Mount Pleasant, Michigan, Sept. 6, 1957. Dr. Wilson discusses briefly some causes of mental retardation, the physician's responsibility to make a diagnosis as early as possible, and his duty to inform the parents so that planning for the management of the child may be constructively followed. He points out the difficulties of early determination of mental deficiency in infants and urges early use of nursery schools for these children, both for stimulation of the child and for the opportunity it would afford for observation of the capacity of the child.

Dr. Gottlieb (951 E. Lafayette St., Detroit 7, Mich.) and joint authors report on research with laboratory animals, undertaken to determine the effect of antagonists on enzyme systems important in neural development. By this technique, a study can be made of the effects on the developing organism and results compared with what may be occurring in nature by chance.

MENTAL DEFECTIVES--FLORIDA

640. Florida Health Notes. Mar., 1958. 50:3.

Title of issue: Retarded children.

This particular issue of the Florida State Board of Health's monthly publication is devoted to a discussion of the causes of mental retardation, current knowledge of treatment, facilities available in Florida for the care of the mentally retarded, and a listing of State and local associations affiliated with the National Association for Retarded Children, within the State of Florida.

Available from Florida State Board of Health, Publication Office, Jacksonville, Fla.

MENTAL DEFECTIVES--GREAT BRITAIN

641. Great Britain. Scottish Advisory Council on the Welfare of Handicapped Persons

The welfare needs of mentally handicapped persons; report by a Committee of the... Department of Health for Scotland. Edinburgh, H. M. Stationery Off., 1957. 25 p.

Gives recommendations on the welfare needs of mental defectives and the mentally ill in Scotland, with particular reference to provisions of the National Assistance Act. Information included here covers statutory provisions under the Mental Deficiency (Scotland) Acts of 1913 and 1940, the National Health Service (Scotland) Act of 1947, Education (Scotland) Acts of 1946 and 1949, the Disabled Persons (Employment) Act of 1944, the Employment and Training Act of 1948, and the National Assistance Act of 1948. Estimates on the number of mentally defective persons in Scotland are made, with suggestions for improving educational and training services, employment situations, accomodation and care, recreational services, and for broadening the scope of voluntary activities in behalf of the mentally defective and mentally ill.

Available from British Information Services, 45 Rockefeller Plaza, New York 20, N. Y., at 28¢ a copy, postage paid.

642. Lewis, E. O.

Report of the Royal Commission on the law relating to mental illness and mental deficiency (1954-1957). J. Mental Deficiency Research. Dec., 1957. 1:2:130-144.

The Report of the Royal Commission, issued in Great Britain in 1957 (for annotation, see Rehabilitation Literature, Oct., 1957, #1193) discusses sweeping changes recommended for the care and treatment of mental illness and mental deficiency. Mr. Lewis considers some questions which doctors, nurses, administrators and magistrates will wish answered, should all the recommendations become statutory law. The Commission is praised for its lucid treatment of difficult and complex problems presented by mental illness and mental deficiency.

MENTAL DEFECTIVES--INSTITUTIONS--NEW JERSEY

643. Schwartz, Louis (E. R. Johnstone Training and Research Center, Bordentown, N. J.)

The program of the E. R. Johnstone Training and Research Center, Welfare Reporter, N. J. State Dept. of Institutions and Agencies. Apr., 1958. 9:2:71-75, 95.

The Center, a short-term state residential habilitation facility for high grade mentally retarded boys and girls from approximately 12 to 20 years of age, has a comprehensive program of special education and vocational habilitation, the objective of which is selective placement of its students within the community as rapidly as possible. A wide variety of services, briefly described here, is available at the Center. In addition to the treatment program, the Center serves as a resource for the training of teachers who will work in public schools. Institutional instructors may also obtain training in their field. A program of basic and applied research is carried on concurrently.

MENTAL DEFECTIVES--INSTITUTIONS--TEXAS

644. Peck, John R. (University of Texas, Austin, Tex.)

The Marbridge plan; a Texas experiment in habilitation for mentally retarded youth. Exceptional Children. Apr., 1958. 24:8:346-350.

A survey of the Marbridge Foundation's work, undertaken in January, 1958, resulted in the findings reported here. The Foundation located in Austin, Texas maintains a ranch for retarded males between the ages of 16 and 25 where students receive training with the objective of eventual job placement and independent living away from home. Facilities, staff, criteria for admission, referrals, program, and habilitation goals are described; six typical case histories are reported briefly. An evaluation of the plan is made although assessment is difficult due to the newness of the plan, which has been in operation only four years..

MENTAL DEFECTIVES--MEDICAL TREATMENT

645. Craft, M. (Royal Western Counties Institution, Starcross, Devon, England)

Tranquilizers in mental deficiency: chlorpromazine. J. Mental Deficiency Research. Dec., 1957. 1:2:91-95.

A report of a study to assess the effect of chlorpromazine in reducing psychomotor activity in hyperactive low-grade mental defectives. All 16 of the patients chosen for the study were classified as high-grade idiots, were ambulant, had I.Q.'s below 30, and were unable to frame sentences, wash, dress, or protect themselves from dangers. An exhaustive statistical analysis based on numerous standardized observations failed to confirm the results of previous studies claiming improvement following use of the drug with low-grade mental defectives.

MENTAL DEFECTIVES--PARENT EDUCATION

See 710.

MENTAL DEFECTIVES--PSYCHOLOGICAL TESTS

646. Blum, Lucille Hollander (17 W. 67th St., New York 23, N. Y.)

Not all are definitely defective. Mental Hygiene. Apr., 1958. 42:2: 211-223.

A psychologist who has dealt extensively with children offers some observations on pseudo-retardation in children and the role of parental concern and anxiety in its production. Dr. Blum discusses the child who functions more or less conspicuously below the level of his intellectual ability as measured by standardized intelligence tests, and particularly, the inadequately functioning child who shows defective performance on intelligence tests, but whose potential is normal or superior. Excessive parental demands on a child who is developmentally unable to respond is, in her opinion, the cause of pseudo-retardation in many cases. An analysis of data obtained in interviews with parents of children diagnosed as pseudo-retarded revealed the finding that where the child had been adopted or was born into a family with a history of either functional or organic mental disorder, parental anxiety was intensified. Clinicians are urged to consider this finding and be cautious in diagnosing children as mentally defective.

MONGOLISM--BIOGRAPHY

See 711.

MULTIPLE SCLEROSIS

647. Cooke, Dagny M. (841 - 21st St., Santa Monica, Calif.)

The effect of resistance on multiple sclerosis patients with intention tremor. Am. J. Occupational Ther. Mar.-Apr., 1958. 12:2(Pt. II):89-92.

A report of a study to investigate by objective testing the hypothesis that a given weight added to the dominant upper extremity of a multiple sclerosis patient with intention tremor will significantly improve muscle coordination of the extremity, as measured on a test of manual dexterity. Findings of the experiment did not lend themselves to the conclusion that increased motor activity is either obtained or reduced by resistance. This paper is an abstract of a thesis for the M. A. degree, University of Southern California.

MULTIPLE SCLEROSIS--MEDICAL TREATMENT

648. Alexander, Leo (433 Marlborough St., Boston 15, Mass.)

Prognosis and treatment of multiple sclerosis; quantitative nosometric study, by Leo Alexander, Austin W. Berkeley, and Alene M. Alexander. J. Am. Med. Assn. Apr. 19, 1958. 166:16:1943-1949.

Describes a quantitative method used for scoring neurological examinations of 554 patients with multiple sclerosis, followed for one to eight years with an average of three years' follow-up. Data are analyzed under 5 major headings: population of the study, scoring method, course of the disease, characteristics of attacks of the disease, and effect of treatment. The authors have established evidence that a severe and a mild form of the disease exists, with some overlap between the two groups. On the basis of this quantitative method, severe and mild cases can be distinguished from the sixth year of the disease onward since the relatively most active progression of the disease occurs during the first five years. The only treatments showing an objective quantitative effect on the course of the illness were repeated blood transfusions and corticotropin (ACTH) therapy; effect of the latter was maintained, the authors state, over periods now approaching four years.

NURSERY SCHOOLS

649. Wolman, Marianne J. (Pacific Oaks Friends School, 714 California St., Pasadena, Calif.)

Preschool and kindergarten child attitudes toward the blind in an integrated program. New Outlook for the Blind. Apr., 1958. 52:4:128-133.

A review of findings of a study of the reactions of sighted children toward 15 totally blind and 6 partially sighted children in private nursery schools and public kindergartens in the Los Angeles area. Open-question interviews were employed to study, in addition, the reactions of 20 teachers and 42 parents of sighted children. Significant benefits result from integrating the sighted and sightless at preschool or kindergarten level; being blind does not prevent a child from becoming a well-accepted member of his peer group. Partially sighted children present a different problem; the handicap seemed to be more difficult for the child himself to accept and sighted children did not seem to grasp the significance of this handicap as

NURSERY SCHOOLS (continued)

they did blindness. The incidence of change of attitude on the part of teachers and parents of the sighted was very high.

OCCUPATIONAL THERAPY

See 537.

OLD AGE

650. Boshes, Benjamin (670 N. Michigan Ave., Chicago 11, Ill.)
Neurologic and psychiatric aspects of aging. Modern Med. May 1, 1958.
26:9:71-79.

Reviews the neurological symptoms of aging, the significance of sensory deprivation, brain changes, and causes of psychiatric changes in the aging individual's personality. Psychiatric diseases occurring in old persons are considered, with the prognosis. The socioeconomic aspects of aging raise questions for which the community and society in general must find answers.

651. U. S. Public Health Service

The older person in the home; some suggestions for health and happiness in the 3-generation family. Washington, D.C., Gov't. Print. Off., 1957. 34 p. illus. (Public Health Serv. publ. no. 542)

Urban living poses problems in the three-generation household; this booklet outlines some basic principles for living arrangements, accident prevention, meal planning, aids to minimize physical handicaps, civic and recreation activities in which the older person can participate, sources of aid in the community, and the more difficult problems involved in care of the seriously handicapped older person in the home. Part III of the pamphlet points out factors to be considered if care outside the home is necessary--the wise choice of a nursing home or old persons' home. Includes a short bibliography classified by subject.

Available from U. S. Superintendent of Documents, Government Printing Office, Washington 25, D.C., at 20¢ a copy.

OLD AGE--EMPLOYMENT

652. Lawrence, Philip S.

Availability for work: chronic disease and limitation of activity; Part I. Measurement and availability for work in relation to health and other factors; Part II. Illness and limitation of activity among older people. Washington, D.C., Gov't. Print. Off., 1958. 46 p. tabs. (Public Health monograph no. 51. Public Health Serv. publ. no. 556)

A report of a pilot study conducted in Hagerstown, Md., in 1953 to measure the individual's subjective assessment of his own health and fitness for work; to devise a scale for measuring degree of availability for entry into the labor force, assuming suitable job opportunities existed; and to determine how various personal and health factors influence availability for work. Methods of the study, including sample schedules used in household interviews, are discussed. Findings and recommendations for further studies in this area are considered.

Available from U. S. Superintendent of Documents, Gov't. Printing Office, Washington 25, D.C., at 35¢ a copy.

OLD AGE--EMPLOYMENT (continued)

653. Weaver, Neill K. (Esso Standard Oil Refinery, P. O. Box 551, Baton Rouge, La.)

The elderly handicapped worker in industry. Geriatrics. Dec., 1957. 12:12:713-716. Reprint.

A report of a survey of 66 handicapped employees aged 60 to 65 found among refinery workers, their clinical status and work status. Two-thirds of the group suffered from cardiovascular disease, and one-fourth with musculoskeletal disorders. Three-fourths of the group were skilled or unskilled laborers in the more physically demanding job assignments. Modified work assignments permitted these workers to continue employed; economic benefits both to the company employing them and to the workers were considerable.

OLD AGE--MEDICAL TREATMENT

654. Benjamin Rose Hospital, Cleveland (2073 Abington Rd., Cleveland 6, Ohio)

Multidisciplinary study of illness in aged persons; I. Methods and preliminary results, by The Staff of the.... J. Chronic Diseases. Apr., 1958. 7:4:332-345.

Principal investigators: Sidney Katz, M. D. and Austin B. Chinn, M. D.

A report of methods which have been established for classifying patients and for evaluating functional status at various times during the course of chronic illness in patients at a geriatric hospital in Cleveland. Some preliminary results of the study are also included. Methods were initially devised in relation to a single type of illness--fractures of the hip--in order to obtain quantitative information on the relationships between both host and environmental factors and the course of illness. The ultimate purpose of such research is the utilization of longitudinal evaluations to determine factors of prognostic, preventive and therapeutic significance. Charts for evaluating functional status data are included, as well as examples of reports of current observations in other studies of hip fractures.

OLD AGE--SOCIAL SERVICE

655. Bloch, Helen I. (Social Service Dept., Beth Israel Hospital, 10 Nathan Dr., New York, N. Y.)

Casework service in a geriatric clinic. Social Casework. Apr., 1958. 39:4:228-235.

A review of the findings and progress of the first 100 patients admitted to the Geriatric Clinic, an out-patient service of Beth Israel Hospital. Discussed are characteristics of the group, medical and psychiatric findings, casework services provided, and counseling results with family members, as well as the elderly patient.

PARAPLEGIA--ETIOLOGY

656. Kempinsky, Warren H. (640 S. Kingshighway Blvd., St. Louis 10, Mo.)

Osteoporotic kyphosis with paraplegia, by Warren H. Kempinsky, Peter P. Morgan, and William R. Boniface. Neurology. Mar., 1958. 8:3:181-186. Reprint.

PARAPLEGIA--ETIOLOGY (continued)

A report on two instances of paraplegia due to deformity of the vertebral column as the result of osteoporosis, with detailed case histories. Literature regarding intrinsic osseous diseases and deformities which may cause spinal cord compression is reviewed briefly. Cause of osteoporosis in these cases was attributed to the post-menopausal state in one and to prolonged dietary inadequacy in the other. Testosterone and estrogenic hormone serve a dual purpose in treatment; the osseous disease process in these cases was arrested, at least temporarily.

PARAPLEGIA--MEDICAL TREATMENT

See 698.

PHYSICAL EDUCATION

657. Mathews, Donald K. (State Coll. of Washington, Pullman, Wash.)

The Moses Lake project; a pilot study in physical education for the sub-fit child, by Donald K. Mathews, Virginia Shaw, and Philip Risser. J. Health, Phys. Educ., and Recreation. Apr., 1958. 29:4:18-19, 75.

A report of an experimental program conducted as a pilot study for the evaluation of the fitness status of junior high school boys and girls at Moses Lake Junior High School, Washington. Purpose of the evaluation was to identify sub-fit children and to construct individual programs to meet their health needs. The group approach to the problem of low fitness was employed, using services of the physical education teacher, public health nurse, physicians, guidance staff, home economist, and superintendent of schools. Such an approach proved to be extremely valuable and workable.

658. Trent, Richard D. (Mr. Nottage, N. Y. State Training School for Boys, Warwick, N. Y.)

Changing the concept of a physically inadequate self through group work in a physical education setting, by Richard D. Trent and Wallace Nottage. Psychiatric Quart. Suppl. 1957. 31:1:56-64. Reprint.

A report of an activity program at the New York State Training School for Boys, specific goals of which were to help boys develop more positive self-attitudes through increased acceptance of their own physical bodies, to provide experience in ways of developing and using physical capacities in guided social interaction, and to aid boys in acquiring more self confidence and assurance in areas requiring a sense of physical competence. Both individual and group activities were included in the area of physical education and recreation. Discussion groups provided an opportunity to understand the aims of the program and to improve relationship with peers and adults. The program was of great value in meeting special needs of boys, especially those in an institutional setting.

PHYSICAL EFFICIENCY

See 652; 654.

PHYSICAL MEDICINE--PERSONNEL

659. Barter, R. W. (Princess Mary's Hospital, Margate, England)

"A doctor in the department." Annals Phys. Med. Feb., 1958. 4:5:161-169.

A discussion of the functions of a physical medicine consultant in the general hospital set-up. As a specialist he should be responsible for accurate diagnosis of skeletomuscular disorders, for the supervision of medical treatment of patients attending the physical therapy department, for supervision and control of physical therapy services in the department, and for a host of miscellaneous duties which may include electrodiagnosis, research, teaching, and administration. The author reviews briefly present staffing of the specialty under the National Health Service in Great Britain and illustrations of five different methods of administering services, as observed in various hospitals in England serving both inpatients and outpatients. He also recommends more efficient use of the physical therapist's time and ways in which the specialist in physical medicine can aid in promoting efficiency.

PHYSICAL THERAPY

660. Cicienia, Erbert F. (N. Y. State Rehabilitation Hosp., West Haverstraw, N. Y.)

Teaching; a factor in functional training, by Erbert F. Cicienia and Morton Hoberman. Phys. Therapy Rev. Apr., 1958. 38:4:245-250.

A paper showing how successful educational methods can be applied in the teaching of functional training and calling for a reassessment of present instructional methods used in teaching functional activities in rehabilitation. In adapting educational procedures to functional training, it is necessary to apply all that is known in education about teacher qualification, the nature of the learning processes, and the nature and extent of individual and trait differences.

PHYSICAL THERAPY--PERSONNEL

661. Hislop, Helen J. (3 University Circle, Linden, N. J.)

An analysis of physical therapy education and careers, by Helen J. Hislop and Catherine Worthingham. Phys. Therapy Rev. Apr., 1958. 38:4:228-241.

A report of findings of a survey undertaken by the National Foundation for Infantile Paralysis in 1956 to obtain information concerning the education, utilization and activities of its scholarship and fellowship recipients. Of 2,500 physical therapists who received the questionnaire, 1,800 responded, representing a 75 per cent return from the total group. Data cover enrollment and sex distribution, undergraduate major study, field of graduate study, plans for continued education, and participation in short study courses. Part II of the article gives data on geographic distribution, employment activity, annual attrition rate, reasons for leaving profession, employment among inactive physical therapists and plans to resume work in the profession, salary range of active physical therapists, types of facilities employing, publications, and contribution to poliomyelitis patients' care, as well as pertinent personal information on professional affiliations, honors, and community activity.

POLIOMYELITIS

662. Trott, Arthur W. (300 Longwood Ave., Boston 15, Mass.)

The chronology of circulatory changes in poliomyelitis, by Arthur W. Trott, Mary D. Nesline, and William T. Green. J. Bone and Joint Surg. Apr., 1958. 40-A:2:245-255.

Because coldness and cyanosis of the lower extremities are often important secondary manifestations of severe paralysis in poliomyelitis, as observed in the North Temperate Zone, the authors made a study of the origin of circulatory changes responsible for these findings and of their sequential development. Results of the study, methods employed, and data are discussed. It was found that significant vasoconstriction in the skin of the paralyzed extremity, not present during the acute phase, appeared only after 5 to 6 months from onset of the disease. When it first appeared, vasospasm was minimal and sporadic; after 6 months of the disease, the extremities of those with poor and fair muscles became consistently colder. The only exception in the distal portion of the extremity was the great toe, which did not follow the circulatory pattern of the remainder of the extremity. Significant paralysis was not present at any time in the group with mild paralysis; it appeared 5 to 6 months after onset of the disease in groups with moderate and severe paralysis. A definite relationship was shown between coldness of skin and muscle and degree of paralysis. Observations were made on patients with paralysis of one lower extremity only.

POLIOMYELITIS--EQUIPMENT

See 679.

POLIOMYELITIS--INDIA

663. Kellock, D. A. (Children's Orthopaedic Hospital, Bombay, India)

Physiotherapy for poliomyelitis in India. Physiotherapy. Mar., 1958. 44:3:74-76,

Describes primitive types of treatment given for poliomyelitis in India until recent years, beliefs held as to its causes, and superstitions in regard to failure of native treatments. Since the opening in 1947 of the first Polio Centre in India, modern methods have been employed in the face of much indifference. Lack of trained personnel and epidemic proportions of the disease at times are cause for serious concern.

664. Tiwari, C. P. (G. R. Medical College, Gwalior, India)

Poliomyelitis; a social problem, by C. P. Tiwari and R. N. Saxena. Indian J. Soc. Work. Dec., 1957. 18:3:147-153.

Because of epidemics of poliomyelitis within the past ten years in India, the problem, given much publicity in the press, demands the attention of medical and governmental authorities. In an attempt to assess the local social aspects of the disease, a questionnaire survey was made of 200 families from representative sections of society to determine incidence, social characteristics of families (economic, educational, and sanitary), and to determine awareness and knowledge of the disease in the family. In addition a detailed study was made of 25 handicapped cases and their families to determine individual reactions and problems they presented. In the authors' opinion, government organization assisted by active public cooperation seems to offer the best approach to solution of the problem.

POLIOMYELITIS--SOUTH AFRICA

665. Griffiths, Joan

The clinical presentation of poliomyelitis in the young Bantu child. S. African Med. J. Mar. 15, 1958. 32:11:288-292.

In 1956, the largest epidemic of clinical poliomyelitis yet seen in the Johannesburg (South Africa) Bantu occurred, with 169 cases of acute anterior poliomyelitis observed in the Pediatric Unit of the Baragwanath Hospital during the first half of the year. Records of 99 patients diagnosed as having poliomyelitis at this hospital were studied; findings on age incidence, type of the disease, presenting signs and symptoms, and sex incidence are given. In addition, 17 brief case histories describe the course of the disease. The preponderance of very young cases and the special difficulties they presented in regard to diagnosis are noted. Non-paralytic cases were relatively few and in children under 18 months for the most part. Bulbar cases were also relatively few.

POLIOMYELITIS--OCCUPATIONAL THERAPY

666. Driver, Muriel F. (331 Bloor St. W., Toronto, Canada)

Occupational therapy in the after-care of the child with poliomyelitis. Canad. J. Occupational Ther. Mar., 1958. 25:1:13-17.

Management of the hospitalized child, the selection of treatment media, and evaluation of treatment response are dependent upon a knowledge of normal child development. The occupational therapist shares with other hospital personnel the responsibility of allaying the child's fears of hospitalization, along with the planning of appropriate therapy for the child. Factors influencing the type of therapy in the after-care of poliomyelitis in children are discussed.

PROSTHESIS--BIBLIOGRAPHY

667. Nattress, Leroy William, Jr., comp.

Orthopedic appliance reference aids for the rehabilitationist; a survey of the literature. Orthopedic & Prosthetic Appliance J. Mar., 1958. 12:1:53, 55, 57.

A reference list of abstracting bibliographies, periodicals, books, manuals, sources of information, and directory of the orthotic profession, prepared for the 1957 national conference of the National Rehabilitation Assn. and the Session on Orthopedic Appliances. Entries are annotated very briefly to indicate scope of publications and their special contribution to knowledge in the orthopedic appliance field. Addresses of publishers where necessary, date of publication, author and title, are given. No paging is indicated.

PSYCHIATRY

See 712.

PSYCHOLOGICAL TESTS

668. Smith, Louis M. (921 Lanyard Lane, Kirkwood, Mo.)

The Progressive Matrices and the Stanford-Binet with exceptional children. Exceptional Children. Apr., 1958. 24:8:374-375.

PSYCHOLOGICAL TESTS (continued)

Previous research on the relationship of the Progressive Matrices and more widely used typical measures of intelligence has indicated there is a moderate to very high correlation with the Stanford-Binet and several other tests. This brief report, following the lines of previous research, presents similar findings. The uniqueness of the present study lies in the fact that the sample of children was composed of unselected cases referred to the school psychologist. Sixty-five boys and 30 girls ranging in age from 5 to 11 years composed the group which included cases of mental retardation, reading disability, truants, physically handicapped, school-family problem cases, promotion problems, and children from classes for the mentally retarded who were being re-evaluated.

669. Wawrzaszek, Frank (Dept. of Special Education, Eastern Michigan Coll., Ypsilanti, Mich.)

A comparison of H-T-P responses of handicapped and non-handicapped children, by Frank Wawrzaszek, Orval G. Johnson, and John L. Sciera. J. Clin. Psychology. Apr., 1958. 14:2:160-162. Reprint.

A report of the results of testing 41 handicapped children in special classes of public schools and a control group of nonhandicapped children with the House-Tree-Person Test followed by a shortened version of Buck's post-drawing interrogation. Ten of Buck's hypotheses (discussed in his manual on the Test) were investigated as to the significance of variables; none was supported by results of this particular study. Subjects in the handicapped group were orthopedically handicapped or had a severe cardiac condition. No significant differences were observed between the handicapped and nonhandicapped groups' responses except in one instance where the evidence was suggestive.

PSYCHOLOGY

670. Seidenfeld, Morton A. (Natl. Found. for Infantile Paralysis, 301 E. 42nd St., New York 17, N. Y.)

Psychologic aspects of physical disability. Postgrad. Med. Nov., 1957. 22:5:534-539. Reprint.

A discussion of some recognized psychologic components associated with physical behavior, how the physician can cope more effectively with them during treatment of physical disability, and ways of improving patient morale by prompt and competent attention to the psychological aspects of illness. The physician may find that other rehabilitation team members can aid the patient in a better understanding of himself. When such assistance is not available, local social and clinical facilities offering such services should be utilized.

See also 660.

PSYCHOTHERAPY

See 713; 717.

PUBLIC ASSISTANCE

See 674.

RECREATION

671. Baltimore Council of Social Agencies (22 Light St., Baltimore, Md.)

Proceedings of Conference on Recreation for Children with Handicaps... February 18, 1957. Baltimore, The Council, 1957. 15 p. Mimeo.

Discussed at the Conference were: community responsibility in providing recreation for the handicapped, recreational needs of the handicapped, unmet needs and gaps in services available for the handicapped, existing services in the Baltimore area, suggested steps in implementing recreation programs for the handicapped, and conclusions of the Conference participants.

REHABILITATION

672. Brown, Emmett O. (Am. Hospital Supply Corp., 2020 Ridge, Evanston, Ill.)

Rehabilitation; hopes and building on the rise. Hosp. Management. Apr. & May, 1958. 85:4 & 5. 2 pts.

The rehabilitation concept, one of the outstanding characteristics of medical development in this century, has awakened the interest of hospitals in providing this type of service. Mr. Brown describes the benefits of such service and tells how hospitals are meeting the challenge by adding physical therapy departments or rehabilitation centers within the hospital. Whether the center is within the hospital itself or a separate facility, community and hospital support of such services is necessary.

673. Goldwater, Leonard J. (600 W. 168th St., New York 22, N. Y.)

Rehabilitation comes of age. J.-Lancet. Dec., 1957. 77:12:476-477. Reprint.

In this address presented at the annual meeting of the Ohio State Heart Association in 1956, Dr. Goldwater ponders the question, "Has rehabilitation come of age?" In his practice, dealing almost exclusively with problems in heart disease, he has come to realize that rehabilitation should not be considered an independent discipline apart from the practice of good medicine. Although many professional disciplines are involved in the rehabilitation process, as such, the one indispensable factor is the physician. Only when this concept is universally accepted, can it be said that rehabilitation has "come of age."

674. Hoberman, Morton (N. Y. State Rehab. Hosp., West Haverstraw, N. Y.)

Rehabilitation of the "permanently and totally disabled" patient, by Morton Hoberman and Charlotte F. Springer. Arch. Phys. Med. and Rehab. Apr., 1958. 39:4:235-240.

Another report of the preliminary results of a pilot program to rehabilitate "permanently and totally disabled" welfare recipients which is being conducted at the New York State Rehabilitation Hospital. (For previous article, see annotation in Rehabilitation Literature, Oct., 1957, #1209) The current article is concerned primarily with information obtained regarding the medical rehabilitation of disabled adults on public assistance. Follow-up data on 35 patients discharged from the program for 6 months is discussed; practically

REHABILITATION (continued)

every patient has maintained all of the gains in self-care activities made while in the hospital. Results have not been as uniformly good in total adjustment of the patient after discharge. Difficulties experienced in locating housing and employment may nullify many benefits achieved in the hospital. The article gives additional data on the rehabilitation status, while in the hospital, of the first 150 patients discharged from the program.

See also 714.

REHABILITATION--GREAT BRITAIN

675. Resettling disabled persons. Brit. Med. J. Apr. 5, 1958. 5074:818-819.

A brief editorial reviewing efforts made in Great Britain to rehabilitate and return the disabled to employment. Successful experiences of a resettlement clinic in Glasgow are cited, as well as observations from recent studies which point out the need for more sheltered workshops for the severely disabled and for more attention to the many factors influencing successful outcome of rehabilitation.

REHABILITATION--HISTORY

676. Agüero, Dolores Salazar y de

El lisiado a través de la historia; tesis de grado presentada en la Escuela de Servicio Social... Universidad de la Habana. New York, Internatl. Soc. for the Welfare of Cripples (1958). 108 p.

A graduate thesis tracing the history of rehabilitation and the treatment of the disabled from primitive times to the present day, on an international scale and especially in Cuba. The philosophical concept of rehabilitation and the role of social service in the total program are considered.

This is another of the translations published by the International Society for the Welfare of Cripples in its general program of transmitting the results of research in the field of rehabilitation to all countries. The project was made possible through a grant from the Gustavus and Louise Pfeiffer Research Foundation.

Available from the Internatl. Society for the Welfare of Cripples, 701 First Ave., New York 17, N. Y., at 50¢ a copy.

REHABILITATION--LEGISLATION

See 605.

REHABILITATION CENTERS

See 702.

REHABILITATION CENTERS--NEW YORK

677. Grynbaum, Bruce B. (Bellevue Hosp., First Ave., and 26th St., New York 16, N. Y.)

Rehabilitation services in the municipal hospitals of New York City, by Bruce B. Grynbaum and Irving M. Friedman. N. Y. State J. Med. Jan. 1, 1958. 58:1:60-62. Reprint.

REHABILITATION CENTERS--NEW YORK (continued)

Accomplishments of the rehabilitation departments of the Armed Forces and Veterans Administration following World War II spurred the inauguration of a comprehensive rehabilitation service at Bellevue Hospital in 1947, the first such service in the world in a general hospital. Currently services have expanded in New York's municipal hospitals to 7 rehabilitation centers with a total of 831 beds. Administration of services and personnel employed are described, as well as some special problems to which these centers are devoting their energies.

REHABILITATION CENTERS--SURVEYS

678. Cranfield, Harold V.

Crippled children centre data; some observations concerning basic principles of a treatment centre for crippled children arrived at by using a form designed for that purpose. Toronto, Ontario Soc. for Crippled Children (1958). 16 p. forms. Mimeo.

A report form devised and used by Dr. Cranfield on his inspection trips of treatment centers throughout the United States and Canada prior to the planning of the Ontario Crippled Children's Centre. Discussed briefly are the type of information gathered through its use and its value in efficient center planning. Divided into four main sections, the form provides for recording information on function and scope of the facility, the size and use of each area in the center, types of personnel employed and their contribution to total treatment programs, and, last, a miscellany of facts on policies of operation.

Available from the Ontario Society for Crippled Children, 92 College St., Toronto 2, Ontario, Canada, at 50¢ a copy.

RELIGION

See 711.

RESPIRATION

679. Forbes, John A. (Fairfield Infectious Diseases Hospital, Melbourne, Australia)

Management of respiratory paralysis using a "mechanical cough" respirator. Brit. Med. J. Apr. 5, 1958. 5074:798-803.

Describes a modification of tank respirator bellows which not only enables the simulation of coughing by the respirator patient but also produces forcible expiration automatically with each breath. Associated principles of management in acute respirator patients, which include the use of larger respiratory volumes than usually described, and the results of such treatment with poliomyelitis patients at Fairfield Hospital are discussed. Construction details of the modified bellows are included. The advantages of tank respiration as the method of choice in the respiratory center over intratracheal positive-pressure methods are considered.

SCHOOL HYGIENE

680. Weir, Homer F. (1429 Myott Ave., Rockford, Ill.)

Organic and organizational aspects of school adjustment problems, by Homer F. Weir and Robert L. Anderson. J. Am. Med. Assn. Apr. 5, 1958. 166:14:1708-1710. Reprint.

SCHOOL HYGIENE (continued)

Over the past two years the authors have studied a large group of children presenting school adjustment problems, the majority of whom have been normal on physical examination except for the almost universal hyperactivity, excessive pressure of speech, anxiety, and fright in the examining situation. In the school situation they comprise those who have failed in classes, have specific reading and speech disturbances, and personality difficulties in the schoolroom to such an extent that integration in the normal classroom has not been possible. In 181 of those examined, electroencephalographic and neurological evidence of brain damage was discovered in a large percentage of cases. Use of tranquilizing drugs to reduce tensions was found to be satisfactory. School adjustment problems call for cooperation of the private physician, the medical specialist, and educational specialists in the school. The authors believe the private physician should accept major responsibility for coordinating treatment.

This issue of the Journal also contains: Health services school-age children need, by Dr. Thomas E. Shaffer, p. 1698-1700, -Competitive athletics for pre-teen-age children; a challenge to physicians, by John L. Reichert, p. 1701-1707.

SCOLIOSIS

681. Haag, Ray A. (St. Charles Hosp., Port Jefferson, L.I., N.Y.)

A method of attempting to prevent increasing paralytic spinal curvature in the growing child. Arch. Phys. Med. and Rehab. Apr., 1958. 39:4: 241-244.

A preliminary report on the use of a device applied to a spinal brace to prevent increase of scoliosis in 32 children with paralytic spinal curvature. Patients ranged in age from 4 to 17. Some correction has been obtained through the method but it is emphasized that diligent care must be exercised in determining proper location of the puller's application to the brace. After a year's study of the device, it is recommended only as stop-gap method of treatment, useful only in growing children. Article is illustrated.

See also 656.

SHELTERED WORKSHOPS

See 644; 700.

SHOES

682. Outland, Tom (412 N. 2nd St., Harrisburg, Pa.)

The forefoot shoe and its clinical application, by Tom Outland, Joseph C. Flynn, and Alfons R. Glaubitz. Orthopedic & Prosthetic Appliance J. Mar., 1958. 12:1:21-26.

Describes an inexpensive modification of the standard "normal last" shoe, designated as a forefoot drop shoe, which has been used at the Pennsylvania State Hospital for Crippled Children, Elizabethtown for the past 7 years with gratifying results. The entity, forefoot equinas or "drop," is defined and its causes discussed, the most common of which is residual paralysis of anterior poliomyelitis. Other less common causes are cerebral palsy and incomplete paraplegia, secondary to meningomyelocele. The modified shoe eliminates undesirable features of weight bearing in these feet. Rationale and clinical application of the shoe are discussed. Illustrated.

SOCIAL SECURITY ACT

683. Godfrey, Joseph

Insurance benefits and the disability freeze. New Outlook for the Blind, Apr., 1958. 52:4:123-127.

An explanation of the general provisions of the "disability freeze" and disability insurance benefit program of the Social Security Administration, conditions for general eligibility, and how these provisions apply to those with visual handicaps. The role of state vocational rehabilitation agencies in the program is discussed.

SOCIAL WELFARE--SURVEYS

684. National Social Welfare Assembly

Locals and nationals look at each other, based on the Utica Study.... New York, The Assembly (1958). 15 p.

First of its kind, the Utica Study directed by Wilbur F. Maxwell made a survey of the relationships of local-national voluntary health and welfare agencies by means of a questionnaire and personal interviews with agency personnel. Opinions and attitudes were gathered on the administration and staffing of national agencies, membership requirements for locals wishing national affiliation, field services provided by nationals, assistance given on personnel problems, and financial support of nationals. In conclusion, eight suggestions are made for strengthening national-local relationships, for promoting teamwork and more efficient planning, and for greater appreciation of national agency resources and services.

Available from Natl. Social Welfare Assembly, 345 E. 46th St., New York 17, N. Y., at 25¢ a copy.

SPECIAL EDUCATION--GREAT BRITAIN

See 623.

SPECIAL EDUCATION--MICHIGAN

685. Blair, Mary A. (Mich. State Dept. of Public Instruction, Lansing, Mich.)

Expanding educational programs for Michigan's handicapped. Mich. Education J. Apr. 1, 1958. 35:15:334-335, 349.

An article reviewing the current status of special education provisions in Michigan, state agencies offering services vital to special education programs, some local service clubs and private agencies offering individual and group programs for the handicapped, and statistics on estimated incidence of handicapping conditions existing in children as of May, 1956. In addition, recently initiated special education programs in several school districts are discussed, as well as schools offering courses of training for special education teachers and sources of information useful in planning programs of special education within the state.

SPECIAL EDUCATION--INSTITUTIONS--DIRECTORIES

See 715.

SPECIAL EDUCATION--LEGISLATION

See 605; 708.

SPEECH CORRECTION

686. Calnan, James

Investigation of children with speech defect, with particular reference to nasality. Brit. Med. J. Mar. 29, 1958. 5073:737-740.

Presents a method for the investigation of defective speech where nasality is involved; the term "nasality" is defined and the causes of nasal escape of air during speech outlined. The mechanism of the production of such defects by tonsil and adenoid operations is also described. Advantages of early diagnosis and treatment are stressed. A fairly complete palato-pharyngeal analysis can be made, the author states, on a simple lateral radiograph. More accurate information is obtainable with a cephalometric tracing. Three case histories, including cleft palate cases, illustrate how this diagnostic analysis works in practice.

687. Iverson, Norman E. (2021 N. Central St., Phoenix, Ariz.)

Speech correction for the busy physician. Arizona Med. Dec., 1957. 14:12:732-740. Reprint.

Medical training and internship experience do not provide the physician with the special training to examine, diagnose, or treat speech disorders. This article discusses the general educational, emotional, social and managerial problems presented by the speech-handicapped individual in order to give the physician the minimal facts and procedures for rehabilitating these patients. In addition to providing routine medical care, the physician should be acquainted with the principal types of speech disorders and recommended practices consistent with each type of defect, in order to be able to refer the patient to sources of qualified treatment. After brief descriptions of speech and voice disorders and their prognosis under treatment, the author mentions the special training, qualifications, and responsibilities of the speech pathologist and educational principles underlying the practical application of speech correction.

688. Karlin, Isaac W. (41 Eastern Parkway, Brooklyn 38, N.Y.)

Speech- and language-handicapped children. A.M.A. J. Diseases of Children. Apr., 1958. 95:4:370-376.

Discusses briefly the relation between brain development and the development of language; factors that normally influence the development of speech in the child; and various types of speech and language disorders. Problems of differential diagnosis in children who do not talk at all, or have very limited or distorted speech, are considered as well as the problem of stuttering and its causes.

689. Waltner, Jules G. (180 Ft. Washington Ave., New York 32, N.Y.)

Surgical rehabilitation of voice following laryngofissure. A.M.A. Arch. Otolaryngology. Jan., 1958. 67:1:99-101. Reprint.

Describes a surgical technique closely resembling a procedure recommended by Meurman in 1942 to improve the voice of patients who had unilateral paralysis of the recurrent nerve with the cord fixed in abduction. Other earlier surgical techniques also contributed to the devising of the procedure recommended here for improving aphonia following laryngofissure. The

SPEECH CORRECTION (continued)

operation consists of placing a cartilaginous graft lateral to the cicatricial cord; a case history is used to illustrate results obtainable from the procedure. Indication for this approach is aphonia resulting from extreme lateral fixation of the cicatricial vocal cord following laryngofissure.

690. Wilkerson, W. W., Jr. (Bill Wilkerson Hearing and Speech Center, 19th and Edgehill, Nashville 12, Tenn.)

Fundamental physiological factors to be considered in speech therapy, by W. W. Wilkerson, Jr. and Forrest M. Hull. Annals Otology, Rhinol., & Laryngol. Sept., 1957. 66:3:809-816. Reprint.

An explanation of the physiological systems necessary for voice production and the production of speech. Three case histories illustrate approaches to speech therapy which take into consideration the anatomical and functional characteristics of the structures involved. Factors influencing physiological activity of all of the component parts utilized to produce speech include mental retardation, organic brain damage, abnormality of anatomical structures, lesions of the central nervous system, varying activity of the salivary and upper respiratory tract glands, and certain diseases. In the case of extensive organic damage of speech structures, compensatory movements can be developed and should be considered in the process of speech rehabilitation.

See also 624; 716.

SPEECH CORRECTION--DIRECTORIES

See 620; 715.

SPLINTS

691. Mayne, J. A. (Washington 433, Beccar, F.C. Mitre, Argentina)

A modified forearm rotation splint. J. Bone and Joint Surg. Apr., 1958. 40-A:2:483-484.

Describes a static splint found very effective in patients with cerebral palsy, either to correct pronation contracture or to maintain the patient's hand in a functional position. In patients with poliomyelitis, the author reports it has adequately maintained the benefit obtained by successive physical therapy sessions. Construction details are described and pictured.

See also 596; 706.

STUTTERING

692. Maxwell, Roy D. H. (Neurology Clinic and Speech Therapy Dept., Western Infirmary, Glasgow, Scotland).

Meprobamate in the treatment of stuttering, by Roy D. H. Maxwell and James W. Paterson. Brit. Med. J. Apr. 12, 1958. 5075:873-874.

Reports clinical results of the use of meprobamate in the treatment of 18 patients severely affected by stuttering. All were 18 years of age or older and had been treated by speech therapy previous to the experiment, with little improvement shown; secondary tonic or secondary tonic-clonic stuttering was present in all cases. Administration of the drug in the absence of speech therapy brought no useful results. In all but 4 of the patients

STUTTERING (continued)

good results were obtained; the authors believe the drug is useful in relaxing the state of tension which provokes and perpetuates stuttering.

STUTTERING--PARENT EDUCATION

693. Snyder, Murry A. (61 Irving Pl., New York 3, N. Y.)

Counseling for parents of stuttering children. Psychiatric Quart. Suppl. 1957. 31:1:102-111. Reprint.

A brief review of the literature in this area during the past five years reveals a growing awareness of the need to counsel parents of children undergoing therapy for stuttering. Specific purposes of counseling parents as practiced at the National Hospital for Speech Disorders are outlined and the administration of the program explained. Certain pitfalls to be avoided in parent-counseling sessions are pointed out.

SURGERY (PLASTIC)

694. Hanfling, Seymour L. (50 S. Munn Ave., East Orange, N. J.)

Rehabilitation by corrective surgical planing: (Dermabrasion). J. Med. Soc. N. Jersey. Jan., 1958. 55:1:15-17. Reprint.

Surgical planing of the skin is recommended as producing the best results in cases of facial disfigurements. Indications for the technique are listed and reactions of patients to the technique described. Post-planing care of the face is explained. By improving the appearance of the skin, patients are relieved of varying degrees of psychic trauma and are able to lead a more normal social life.

695. Webster, George V. (1145 E. Green St., Pasadena 1, Calif.)

Timing of plastic operations in children. G.P. Apr., 1958. 17:4:88-92. Reprint.

Presents a working plan for the timing of surgical corrections of congenital defects, such as cleft lip, cleft palate, other facial and branchial clefts, congenital defects of the ears, deformities of the nose, webbing about the neck, deformities of the trunk, abnormalities of the extremities, and treatment of hemangiomas and nevi. Factors influencing variations in timing of surgery are discussed briefly. A useful article for the general physician who is called upon to advise parents of a child with congenital deformity.

TUBERCULOSIS

696. Shaw, Wilfred L. (V. A. Hospital, San Fernando, Calif.)

Effect of medical treatment advances in the rehabilitation of tuberculous patients. Am. Arch. Rehab. Therapy. Mar., 1958. 6:1:10-20.

Dr. Shaw reviews advances in the treatment of tuberculosis--early preventive measures, drugs, and surgical treatment--which have reduced the mortality rate of the disease, as well as shortened the hospitalization period. However, a shorter term of hospitalization calls for changes in rehabilitation therapy for these patients; he describes methods employed at the San Fernando Veterans Administration Hospital to adapt the rehabilitation program to changing circumstances of treatment. Various activities of the occupational therapy department are described; the "work therapy" program provides ambulant tuberculous patients work experience in local private business and industry or, as a preliminary experience, in the hospital. Results of the program have been encouraging.

TUBERCULOSIS--MENTAL HYGIENE

697. Novak, Marie L. (Winfield Hospital, Winfield, Ill.)

Social and emotional problems of patients with tuberculosis. Nursing Outlook. Apr., 1958. 6:4:210-211.

Social and emotional problems of the tuberculous patient can be kept at a minimum through the multidiscipline approach, utilizing skills of the physician, nurse, social worker, occupational therapist, rehabilitation worker, psychiatrist, and others. Problems which keep the patient from accepting the diagnosis, which interfere with treatment, and which cause a recurrence of the disease after discharge from the hospital must be understood by all personnel working with the patient in the hospital. Responsibilities of the nurse in the sanatorium are discussed.

UROLOGY

698. Lerman, Philip H. (358 Oyster Bay Rd., Hicksville, N. Y.)

Studies in micturition by use of electromyography in the normal individual and spastic paraplegic. Sinai Hosp. J. Oct., 1957. 6:2:93-103. Reprint.

A discussion of the role of the perineum in normal and pathological physiology of micturition and the influence of pudendal nerve blocks upon vesical dysfunction resulting from spastic paraplegia. A brief review of the neuroanatomy of the pelvis and bladder is given and methods of the study briefly described. Findings of a study of the perineum at rest and in voiding are discussed with their implications for rehabilitation of the paraplegic patient. Pudendal nerve blocks have been found successful in reducing overall spasticity and disabling autonomic signs and symptoms produced by somatosympathetic reflexes and in accelerating rehabilitation of the spastic paraplegic.

VOCATIONAL EDUCATION

699. Leavitt, Lewis A. (V.A. Hospital, Houston, Tex.)

Working philosophy of industrial therapy, by Lewis A. Leavitt and Garvin B. Mugg. Am. Arch. Rehab. Therapy. Mar., 1958. 6:1:21-28.

Industrial therapy, as defined and discussed in detail here, can be a helpful medical tool in rehabilitation but the program, to be successful, must have therapeutically valid medical supervision, vocational services in an industrial setting, and ultimately, placement of the patient within his post-hospital vocational goal. The use of job analysis and job description forms for evaluating the patient's potential capacity and for facilitating placement is stressed. Sample forms are included.

VOCATIONAL GUIDANCE

700. Combs, Mary H. (Highland View Cuyahoga County Hosp., Harvard Rd., Cleveland 22, Ohio)

Vocational exploration; methodological problems and a suggested approach, by Mary H. Combs, Eugene B. Nadler, and Charles W. Thomas. Am. J. Occupational Ther. Mar.-Apr., 1958. 12:2 (Pt. I):64-68.

VOCATIONAL GUIDANCE (continued)

A further report of the sheltered workshop research project being conducted at Highland View Hospital, Cleveland. Guidance testing (also referred to in the literature by the terms "prevocational evaluation" and "work exploration") uses actual work tasks rather than abilities tests in evaluating potential of handicapped workers. This is a report of the major problems encountered in setting up a guidance test class and the methods employed in their solution. Both objective and subjective scoring were used; the scoring sheet employed in the experimental class is included. The method of approach used at the Highland Shop is suggested as a framework for the construction of similar units in workshop programs; adaptations will be necessary to apply the method in local situations.

701. Hoffman, Simon (437 E. 22nd St., Brooklyn 26, N. Y.)

Some predictors of the manual work success of blind persons. Personnel and Guidance J. Apr., 1958. 36:8:542-544.

A report of a study of the relative value of self-rating of manual ability by blind persons, their biographical information about manual life experiences (chores, hobbies, school courses and work), and aptitude test results in attempting to predict the manual work success of the blind. Subjects were all blind adults with 5/200 or less vision, referred to the New York Guild for the Jewish Blind for vocational services. Selected aptitude tests proved to be the most valuable predictors of manual work success. A simple tally of the biographical inventory of manual life experience correlated significantly with earnings, proving to be as good a predictor of success as selected dexterity tests. Of three self-rating tests made at various times during the study, only the one made after the work trial correlated significantly with earnings.

702. Richterman, Harold (Industrial Home for the Blind, 57 Willoughby St., Brooklyn 1, N. Y.)

The place of the rehabilitation center in the rehabilitation counseling process. New Outlook for the Blind. Apr., 1958. 52:4:117-122.

A rehabilitation center for the blind should provide services not only for those seeking eventual remunerative employment but also for those wishing to function more normally in spite of their blindness--such as the housewife in the home. The counselor is only one member of the rehabilitation team responsible for the rehabilitation appraisal, training, and placement of clients. Best results are obtained if the rehabilitation center's program is integrated with community services providing interim or terminal employment. The rehabilitation center counselor should be responsible for follow-up of clients after completion of training at the center. Mr. Richterman's paper was presented at a workshop for directors of rehabilitation counselor training programs held at the American Foundation for the Blind in 1957.

See also 637;717,

VOCATIONAL REHABILITATION

703. Switzer, Mary E. (U.S. Off. of Vocational Rehabilitation, Washington 25, D.C.)

Vocational rehabilitation in the United States. Internatl. Labour Rev. Mar., 1958. 77:3:189-208.

A description of the growth of vocational rehabilitation in the United States, the historical and legal background of the program, and the co-ordination of services provided for the disabled through the joint efforts of federal and state agencies. The organization of state agencies and the Office of Vocational Rehabilitation is explained. Economic benefits of such a program prove that the investment of public funds is more than justified.

VOLUNTARY HEALTH AGENCIES

704. American Medical Association (535 N. Dearborn St., Chicago 10, Ill.)

Suggested guides to relationships between medical societies and voluntary health agencies; (the report of the Committee on Relationships between Medicine and Allied Health Agencies of the...) Chicago, The Assn. (1958). n. p.

Originally published in: J. Am. Med. Assn. Aug. 24, 1957. 164:17:1933-1934.

In order to promote mutual understanding between the growing number of voluntary health agencies on the national, state, and local level and physicians, the Committee prepared a statement to guide members of both groups in meeting their mutual obligations. The statement was eventually revised and submitted to the Board of Trustees of the American Medical Association, which, in turn, presented it to the House of Delegates where it was accepted and approved. In order that medical societies may evaluate voluntary agencies, the booklet defines the nature of such agencies and offers some measures by which they may be judged in regard to meeting certain professional standards. Mutual obligations and the role of the physician in relation to the voluntary agency are defined, as well. Activities useful in promoting better understanding between medical societies and agencies are suggested.

See also 684.

WORKMEN'S COMPENSATION

705. Roth, David (Paterson Clinic, 707 Broadway, Paterson, N.J.)

Cardiac disability and workmen's compensation. J. Med. Soc. New Jersey. Jan., 1958. 55:1:10-14. Reprint.

Dr. Roth discusses the relation of cardiac disease to workmen's compensation and offers a physiologic basis for scientific resolution of the dilemma such cases often pose. Few cases of direct cardiac trauma are tried in compensation courts; most of the controversy arises from the relation of cardiac disease and work. Present inequities in the "unusual stress law" are pointed out; the laws as they now stand lead to difficulty in finding employment for the worker convalescing from myocardial infarct.

New Books Reviewed

BRACES

706. Anderson, Miles H.

Functional bracing of the upper extremities, written and illustrated by . . . ; ed. by Raymond E. Sollars. Springfield, Ill., Charles C Thomas, Publ., 1958. xv, 463 p. illus.

This manual covering the rationale, principles and techniques of upper extremity bracing is an outgrowth of research aimed at improving the lot of the paralytic. The author, because of his work in organizing information for training courses under the Prosthetics Research Board's program, was asked to organize in a similar fashion the material on upper extremity bracing. While written mainly for paramedical personnel in training, the book will be of great value to all rehabilitation personnel in their effort to prevent deformities and restore hand function to the paralyzed. After describing in detail functional anatomy of the hand, the author then gives detailed instructions for the fabrication of assistive devices and discusses principles of their operation and fitting. Information on arm and shoulder anatomy and arm braces is treated in a similar manner. Functional splints are described in detail as well as feeders, holders and sticks that can be adapted as aids to daily living activities. The book contains over 1,000 illustrations which add immeasurably to the usefulness of the text.

Available from Charles C Thomas, Publisher, 301-327 E. Lawrence Ave., Springfield, Ill., at \$9.50 a copy.

CEREBRAL PALSY--FICTION

707. Seckar, Alvena

Misko; pictures by Decie Merwin. New York, Oxford Univ. Pr., 1956. 159 p. illus.

The author, a writer of children's books for ages 8 to 12, has created this story from experiences of her childhood. Misko, his mother, and sister move to a coal-mining town after the death of the father in a mine accident; here they make many new friends of different origins and nationalities, among them Leo, a cerebral palsied boy whom the children defend against two bullies. How they help Leo to gain acceptance and become part of the community, the many adventures they have, and the happy conclusion of the story will hold the interest of children and broaden their understanding of the handicapped child.

Available from Alvena V. Seckar, 333 Pompton Ave., Pompton, N.J., at \$2.75 a copy.

EDUCATION--LEGISLATION

708. U. S. Office of Education

The state and nonpublic schools; with particular reference to responsibility of State Departments of Education, by Fred F. Beach and Robert F. Will in cooperation with the Study Commission of the Council of Chief State School Officers. Washington, D.C., Gov't. Print. Off., 1958. 152 p. tabs. (Misc. no. 28)

EDUCATION--LEGISLATION (continued)

Provides a state-by-state summary of constitutional and statutory provisions for the regulation of nonpublic schools, church-related or private nonsectarian. Private special education facilities, as such, are not discussed but the legal framework within which they would operate is covered by the data. Information is given on enrollments, basic rights of nonpublic schools, types of state control, and responsibilities of state departments of education where non-public schools are concerned. This study, the first of its kind to be published, offers a comprehensive reference tool for those responsible for the administration of nonpublic schools.

Available from U. S. Superintendent of Documents, Gov't Print. Office, Washington 25, D.C., at \$1.25 a copy.

GIFTED CHILDREN.

709. Abraham, Willard

Common sense about gifted children. New York, Harper & Bros., c1958. 268 p. illus. (Exploration ser. in education, under the advisory editorship of John Guy Fowlkes)

Parents and the lay public will be as interested as educators in Dr. Abraham's timely and practical approach to the problems of identifying and educating gifted children. Based on intensive study of material in the field and the author's wide experience in special education, the book suggests how parents may recognize giftedness in children, how they may achieve a healthy and sensible home life, what elementary and secondary schools can do to meet the needs of gifted students, how to choose the right college, the help which communities can provide, qualifications and preparation of teachers of the gifted, and the value of vocational guidance. Dr. Abraham presents not only an authoritative view of the gifted child's needs, but also a book which is highly readable.

Available from Harper & Bros., 49 E. 33rd St., New York 16, N. Y., at \$5.00 a copy.

MENTAL DEFECTIVES--PARENT EDUCATION

710. Levinson, Abraham

Il n'y a plus d'arrieres; traduit de l'Americain par Bernard Guerin... Paris, Les Editions Sociales Francaises, 1956. 172 p. Paperbound.

French translation of: The mentally retarded child, by Abraham Levinson. New York, John Day Co., c1952.

Medical facts presented in popular language by a pediatrician to help parents understand the mentally retarded child's needs and his condition; the book emphasizes aspects of home care. Chapters are devoted to education, vocational training, and guidance of the mentally retarded.

Available from Les Editions Sociales Francaises, 17 rue Viete, Paris 17, France, at 850 francs a copy.

MONGOLISM--BIOGRAPHY

711. Gant, Sophia

"One of those;" the progress of a Mongoloid child. New York, Pageant Pr., c1957. 88 p.

MONGOLISM--BIOGRAPHY (continued)

The personal account of Mrs. Gant's success in training her mongoloid son; now twenty years old, Peter's list of accomplishments is astonishing in view of the fact that Mrs. Grant was advised that nothing could be done to educate him. Through patience, devotion, and trial and error methods, plus an unswerving faith in the power of prayer, she accomplished the impossible. She recounts the day-by-day progress, with a program of regular classwork at home for a period of ten years. Peter is now able to read and write, play several musical instruments, think for himself and care for his daily needs.

Distributed by Pageant Press, Inc., 101 Fifth Ave., New York 31, N. Y., at \$2.50 a copy.

PSYCHIATRY

712. Krugman, Morris, ed.

Orthopsychiatry and the school. New York, Am. Orthopsychiatric Assn., 1958. 265 p.

Because of increased interest within recent years in the contribution which orthopsychiatry can make in the field of education, the Association has issued this collection of papers and reports of symposia held at annual meetings of the Association and of articles which have appeared in its Journal. Of the 26 papers used, 23 were from the 1956 and 1957 annual meetings. Projects and programs described involve all levels of education from preschool through college and university, both public and private. Papers are organized under 5 subject headings: orthopsychiatry's help to education; orthopsychiatry and problems of learning; orthopsychiatry and school mental health; teacher education in mental health; and, orthopsychiatry and adolescent problems. Dr. Krugman, in the introduction, recommends the papers individually and collectively, as a sound basis for better understanding of education by clinicians and of clinical and orthopsychiatric services by educators. Authors represented are psychiatrists, psychologists, physicians, social workers, teachers, and educational administrators. The paper on "Mental health and the education of the exceptional child," by M. J. Trippe of Syracuse University, will be of special interest to those working with the handicapped.

Available from the American Orthopsychiatric Association, 1790 Broadway, New York 19, N. Y., at \$4.30 a copy.

PSYCHOTHERAPY

713. Katzenelbogen, Solomon

Analyzing psychotherapy. New York, Philosophical Library, c1958. 126 p.

Purpose of the book is to acquaint the lay public with the meaning, scope, and essential steps in psychological treatment. Dr. Katzenelbogen does not offer a survey of the modes of therapy practiced by contemporary schools of psychological theory but describes the concept of therapy which he practices successfully. He discusses in everyday language the questions which arise in everyone's mind concerning this new branch of medicine--namely, the kind of people and their difficulties which the psychotherapist treats, the patient's recognition of need for treatment and willingness to accept it, aspects and methods of psychotherapy, personality of the therapist, and

PSYCHOTHERAPY (continued)

habit formation as it affects psychotherapy. Factors influencing success or failure of treatment and when it is safe to discontinue treatment are considered.

Available from Philosophical Library, Inc., 15 E. 40th St., New York, N. Y., at \$3.00 a copy.

REHABILITATION

714. Allan, W. Scott

Rehabilitation; a community challenge. New York, John Wiley & Sons, c1958. 247 p. illus.

Mr. Allan, as supervisor of medical services for Liberty Mutual Insurance Company, has had extensive experience in the rehabilitation field and is the author of articles and company publications on medical and rehabilitation services from the professional, business, and lay point of view. His current book provides a most thorough and comprehensive picture of community responsibility in rehabilitation of the handicapped and disabled. He discusses not only the growth and development of the rehabilitation concept and programs, the status of facilities and personnel at the present time, social laws, health insurance plans, and the varied aspects of services, but also offers practical information on budgeting, staffing problems, and cost experiences which will be most helpful in planning and operating rehabilitation centers. In conclusion, he discusses a community pattern for providing what he considers the most effective rehabilitation services. A glance at the contents page is sufficient to realize that every aspect of the rehabilitation program has been covered in this book. Extensive bibliographies and author and subject indexes add to its usefulness.

Available from John Wiley & Sons, 440 Fourth Ave., New York 16, N. Y., at \$5.75 a copy.

SPECIAL EDUCATION--INSTITUTIONS--DIRECTORIES

715. Porter Sargent, Publisher

Directory for exceptional children; educational and training facilities... 3d ed. Boston, Porter Sargent, Publ., 1958. 320 p.

In this enlarged and revised edition schools, homes, clinics, hospitals, and services for the socially maladjusted, mentally retarded, emotionally disturbed, orthopedically handicapped, cerebral palsied, speech handicapped, the brain-injured, epileptic, cardiac and the blind and deaf are listed, with pertinent information on types of children admitted, name of director, fees, and types of services provided. With the addition of 1,000 more facilities, the listing now includes nearly 3,000 entries. There is no indication, however, of what new or corrected data have been added since the previous edition. Grouped according to categories of service, entries are by state in a geographic sequence. The inclusion of a list of national associations, societies and foundations concerned with the welfare of exceptional children renders the directory more useful, as does the alphabetical index of facilities.

Available from Porter Sargent, Publisher, 11 Beacon St., Boston 8, Mass., at \$6.00 a copy.

SPEECH CORRECTION

716. Robbins, Samuel D.

Robbins speech sound discrimination and verbal imagery type tests, by Samuel D. Robbins and Rosa Seymour Robbins. Magnolia, Mass., Expression Co., 1958. 43 p. illus., test forms. (Rev. ed.) Paperbound.

The speech sound discrimination tests and exercises in this book have been devised to determine types of speech sounds a child manifesting phonetic speech defects of sensory origin is unable to differentiate, and to help him see, hear, and feel the difference between individual speech sounds composing these groups. Nine groups of tests for pre-school children and for children in the primary grades are included; instructions for their use in diagnosis and speech therapy are given. This revised edition contains both the Verbal Imagery Type Tests and Non-verbal Imagery Test.

Available from Expression Co., Publishers, Magnolia, Mass., at \$1.50 a copy.

VOCATIONAL GUIDANCE

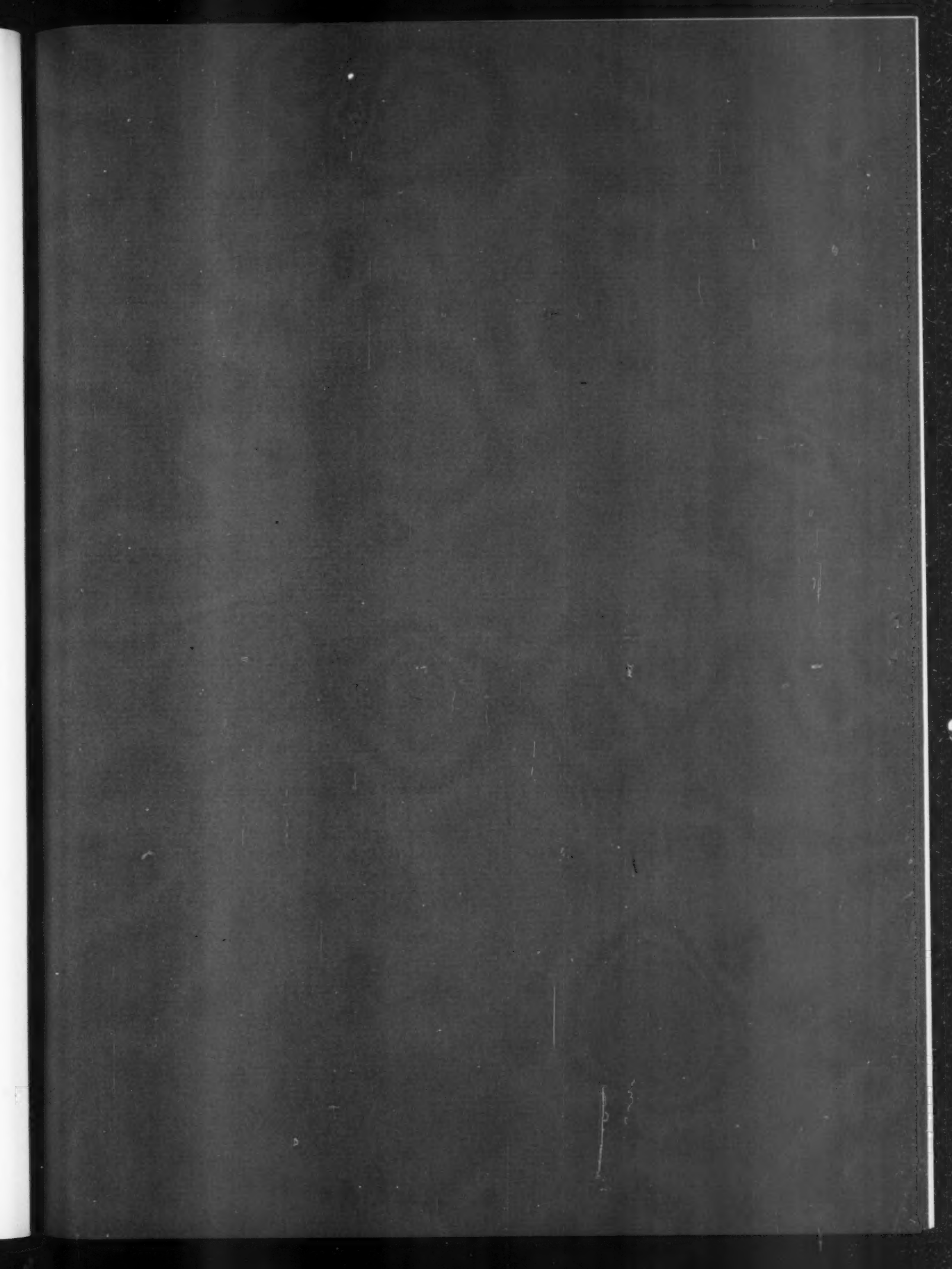
717. Patterson, C. H.

Counseling the emotionally disturbed. New York, Harper & Bros., c1958. 458 p. tabs.

Believed to be the first textbook of its kind in the area of counseling the emotionally disturbed, it is, in the opinion of the Editor, John Guy Fowlkes, a combination of theory, research, and common sense. Dr. Patterson, an Associate Professor in the College of Education, University of Illinois, gained much of his knowledge in this field from experience as a clinical and counseling psychologist with the Veterans Administration. Several chapters of this book have appeared previously in issues of Educational and Psychological Measurement (see Rehabilitation Literature, Feb., 1958, #221 and Dec., 1957, #1477).

Subjects covered are: a survey of the nature and extent of emotional disturbances; past and present efforts at rehabilitation of the emotionally disturbed; qualities and preparation desirable in counselors including counselors of the emotionally disturbed; client readiness for counseling services; techniques of the counseling process; placement and training; and the role of specialized rehabilitation facilities and sheltered workshops in the vocational rehabilitation of the emotionally disturbed.

Available from Harper & Brothers, 49 E. 33rd St., New York 16, N. Y., at \$6.00 a copy.





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